He tirohanga taurahere tangata: The social context of older Māori alcohol use in Aotearoa/New Zealand

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Abstract

Older Māori alcohol use is an area requiring immediate attention because: older Māori will make up a significant proportion of the future Māori population, there is clear and evidenced health impacts of alcohol use; including those related to older age, and, little is known about older people's alcohol use, especially among older Māori. This thesis utilises a public health perspective and a social perspective of alcohol use to develop a nuanced understanding of the social context of older Māori alcohol use.

Three exploratory studies were grounded in a Māori centred research approach. The first was an analysis of existing survey data to explore older Māori alcohol use, and its relationships to socio-demographic variables. This study identified two significant relationships: hazardous alcohol use among older Māori is related to social network membership, and binge drinking is related to Māori cultural identity. To explore the nature of these relationships the next stage of the project involved two qualitative studies to provide a broader social perspective of alcohol use.

Study two explored the personal experiences of alcohol use among thirteen older Māori to understand the broader social location of Māori alcohol use. Findings from a thematic analysis of interview data highlighted four key social contexts in which Māori alcohol use occurs: a sporting culture, a working culture, the context of family, and Māori culture, and important social factors and key life events which influence Māori alcohol use across the lifetime. The third study drew on the shared perspectives of alcohol use among five kaupapa whānau (groups with a common purpose) comprising older Māori members, to understand the socially shared meanings of Māori alcohol use. Narrative analysis of the data revealed the importance of whanaungatanga (maintaining relationships) in determining older Māori alcohol use and their engagement in social environments where alcohol is present. These findings additionally highlight Māori cultural understandings of alcohol use.

Overall, this thesis highlights three central features that contextualise Māori alcohol use: whānau (family); whanaungatanga; and diversity. This thesis suggests important shifts in theoretical approaches to understanding Māori alcohol use that will guide future research. Further, the findings provide suggestions for the development of culturally responsive alcohol policy and health promotion practice to better meet the health and wellbeing needs of Māori in Aotearoa/New Zealand.

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Chapter one

Introduction

This thesis aimed to develop a nuanced understanding of the social context of older Māori (Indigenous person or people in Aotearoa) alcohol use in Aotearoa (New Zealand). Three studies investigated: the socio-demographic factors that influence older Māori alcohol use [Study one]; the personal experiences of older Māori alcohol use across the lifetime [Study two]; and, the broader and socially shared meanings of older Māori alcohol use [Study three]. Together, these studies provide important contributions to current understandings of the social context of older Māori alcohol use and provide new insights into social understandings of Māori alcohol use in general. This chapter introduces the thesis and includes the development of my ideas about alcohol use and subsequent influence over the research process. It then summarises the key aims and questions for each of the three studies before concluding with an overview of the thesis structure.

A public health perspective of alcohol use

This thesis begins by exploring the literature providing insight into a public health perspective of alcohol use among older people both internationally and in Aotearoa (Chapter 2). Like many industrialised countries around the world, Aotearoa is experiencing an ageing population. In particular, it is expected that between 2006 and 2026, numbers of older Māori aged 65 years and over will nearly triple (Hodges & Maskill, 2014a). Alcohol use and its associated health outcomes will need to be addressed in order to meet the health needs of this increasing older Māori population because, as summarised in this review, alcohol use has clear and evidenced health impacts, both positive and negative. Among older people, there are additional factors to consider such as the reduced tolerance to alcohol in older age and the potential underreporting of problematic alcohol use within this group. Additionally, the literature

highlights clear patterns of difference between Māori and non-Māori alcohol use in general. Despite the unique patterns of Māori alcohol use and the markedly increasing older Māori population, there is a dearth of literature specifically exploring Māori alcohol use, particularly among older Māori.

When Māori are included in alcohol related research their alcohol use is often compared with non-Māori, resulting in Māori alcohol use being defined only in terms of their differences to non-Māori. This can lead to a 'deficit' way of thinking, whereby the 'problem' then lies with Māori (Reid & Robson, 2007). Durie (2005) asserts that we often miss the fundamental meaning of being Māori when we compare to non-Māori populations. Further, comparing Māori with others can diminish the importance of Māori people's unique position as tangata whenua (people of this land) in Aotearoa. Best outcomes for Māori should be based on Māori themselves and not in comparison to others. In line with Māori centred research, I wanted to explore older Māori alcohol use without seeking to position it in relation to 'others' alcohol use. I also wished to privilege Māori voice and knowledge, which is why I chose not to compare Māori alcohol use to other groups in the population. In doing so, I move away from a deficit preoccupation of Māori health and instead seek to produce findings that enhance current understandings of Māori alcohol use that may better meet the health and wellbeing needs of Māori.

In summary, health research to date has largely ignored the use of alcohol by older members of an ageing population highlighting a need for immediate enquiry into older people's alcohol use. In particular, the need to research older Māori alcohol use is crucial because, as Māori health improves and longevity increases, the use of alcohol among this group in older age will be a public health concern.

The first study

In recognition of the limitations in existing public health literature about older Māori alcohol use, I developed an exploratory study (Chapter 3) which aimed to assess older Māori' (aged 50 years and over) alcohol use in Aotearoa. The objective was to provide information

about older Māori alcohol use, hazardous drinking and binge drinking, and, their relationships to a number of socio-demographic variables, to contribute to a more detailed understanding of how older Māori are using alcohol. The existing Health, Work and Retirement study (HWR) dataset provided the necessary data to achieve this objective and I therefore conducted a descriptive analysis based on HWR data on alcohol use among community dwelling older Māori in Aotearoa. This first study in the thesis is also the first public health inquiry of older Māori alcohol use to date.

The findings of this study provided unique insight into older Māori alcohol use, highlighting a number of complex relationships between alcohol use and social factors. However, it presented a limited view of older Māori alcohol use because these findings could not explain the nature of these relationships. In light of my overarching goal to develop a nuanced understanding of the social context of older Māori alcohol use, I began to consider the impact of these limitations. This led me to question my approach of exploring alcohol use from a public health perspective. In turn, I began to think about other ways in which alcohol use could be framed. The next section outlines my transition from understanding alcohol use from a public health perspective to understanding it from a social perspective; embedded in people's everyday and social lives.

A social perspective of alcohol use

A social perspective of alcohol use compliments a public health perspective by paying attention to the social influences on alcohol use thereby providing a richer and more comprehensive understanding of alcohol use. Underlying a social perspective is the idea that alcohol use is inherently social; our norms, expectations, behaviours, and beliefs around alcohol are informed by our social environments (Beccaria & Sande, 2003; Cagney, 2006; Heath, 2007; Rehm et al., 1996). Within a social perspective, alcohol use has positive connotations, has a number of social functions, and, is influenced by a variety of social factors (Beccaria & Sande, 2003; Heath, 1995; Rehm et al., 1996; Social Issues Research Centre [SIRC], 1998; Tolvanen,

1998). However, to date, there has been little exploration into the broader social context of alcohol use. With a clear distinction between public health and social perspectives of alcohol use, it became clear to me that I needed to draw on both perspectives to develop a more comprehensive understanding of older Māori alcohol use. Chapter four of this thesis therefore provides a social framework for understanding alcohol use (Chapter 4), and chapter five builds on this by exploring the social context of Māori alcohol use (Chapter 5).

Specifically, in chapter four I review the literature on the social context of alcohol use as understood from a macro level of analysis, among older people, and among indigenous people respectively. Limitations in existing literature are included to provide a rationale for the second and third studies in this thesis. Of note, as I reviewed the literature it quickly became apparent that older people do not comprise a homogenous group, making the task of defining 'older people' somewhat difficult. While there is no universally accepted numerical indicator of older age I consulted the World Health Organisation (2014) who, in line with the United Nations definition of the older population, defines older people as those aged 60 years and over (World Health Organisation, 2014). This definition formed a loose parameter for my search of literature on the social context of older people's alcohol use and subsequently informed the age criteria for participation in the second and third studies.

The following chapter (Chapter 5) explores the social context of Māori alcohol use. I chose to separate this chapter from the previous one to acknowledge the unique history, context, and experiences of Māori in Aotearoa in relation to their alcohol use. Beginning with a history of Māori alcohol use, this chapter outlines the introduction, integration and impact of alcohol among Māori from the early 1800s through to the present. I provide examples of both Māori and Crown led responses to alcohol which sought to control access and distribution among Māori. This historical overview informs our understanding of contemporary Māori alcohol use which is discussed in the second section. Included is discussion on the influencing role of social factors such as whānau (family), Māori cultural identity, and physical locations of alcohol use.

Together, these chapters provide a rationale for the second and third qualitative studies. The second study explored older Māori individuals' everyday stories of alcohol use (Chapters 7-9) and the third study explored shared societal perspectives of alcohol use among older Māori (Chapters 10-12). The aims and designs of these studies were informed by the findings of the first study as well as the literature conveying social perspectives of alcohol use. Consequently, both studies are grounded in a social perspective of alcohol use to: build on the findings from the first study; provide a detailed and nuanced understanding of the social context of older Māori alcohol use; and, to contribute to a virtually non-existent body of literature on this topic. It is these studies, which forms the heart of this thesis.

Māori centred research

The three studies are grounded in a Māori centred research approach. I detail my methodological approach only in relation to the second and third studies because I drew on existing data from the HWR for the first study and had no input into HWR data collection. However, it is important to note that, in the first study I did not compare Māori alcohol use to other groups in order to honour the unique position of Māori, in relation to their alcohol use. Further, these findings provide important contributions to current understandings of older Māori alcohol use and this information may be used in future health interventions and research which seek to meet the health needs of older Māori. Together, these factors illustrate how the first study coheres with a Māori centred approach.

Conversely, I was responsible for the second and third studies from their inception through to completion. As an emerging Māori researcher, I wanted to ensure that these studies were firmly located within a Māori centred research approach. Consequently, I provide a methodology chapter (chapter 6) to illustrate how these studies were grounded in a Māori centred research approach. Specifically, this chapter begins with an overview of Māori centred research including the three foundational principles: whakapiki tangata (empowerment of a person or people), whakatuia (interconnectedness), and mana Māori (Māori autonomy) (Durie,

1997a), and the implications of these principles within the second and third studies. I then outline narrative research as a culturally appropriate and meaningful way of exploring Māori experiences and understandings. The theoretical bases of the methods and analyses I employ in the second and third studies are then described and I explain how these methods align to a Māori centred research approach. Importantly, I also describe how appropriate research tikanga (Māori protocols and practices) and Massey University's Code of Ethical Conduct guided my decision-making processes throughout the research process. I conclude by reflecting on: my position in the research; why I chose to conduct Māori centred research; and, how I dealt with traumatic and deeply personal information.

The second study

The second study provides a qualitative exploration of the social context of alcohol use from the perspectives of older Māori in Aotearoa. The aim of this study was to understand the ways in which alcohol use is embedded in the everyday lives of older Māori. Semi structured face to face interviews were carried out with thirteen older Māori to explore their personal experiences of alcohol use. Questions were about general experiences of alcohol use, the role of alcohol in participants' lives, and, how participants' alcohol use had changed as they aged.

Perhaps unsurprisingly, during the interviews all participants chose to share stories of alcohol use across their lifetime. In part, this led me to develop a broader analysis of the data providing insight into older Māori alcohol use as well as Māori alcohol use across the lifetime. I used an inductive approach to thematic analysis, as informed by Braun, Clarke & Terry (2015), to identify common experiences and ideas within and across participants' stories. The depth of information and diversity of alcohol experiences shared with me meant I had rich and detailed data to work with and I had to decide which aspects I would focus on in my analysis and findings. I chose to focus on the social contexts of Māori alcohol use (Chapter 8), and, the key social factors and life events that influence Māori alcohol use across the lifetime (Chapter 9) due to their centrality and importance within and across participant stories.

In line with a Māori centred research framework, I include a chapter (Chapter 7) outlining the personal stories of each individual who participated in this study to acknowledge their voices in the research and to contextualise the subsequent analysis of their stories and understandings of alcohol use. All participants were involved in the creation of their personal story, providing me with feedback during the draft writing stages and until they were satisfied with their story.

The third study

The aim of the third study was to understand the broader and socially shared meanings of older Māori alcohol use. To achieve this, hui (meeting/s, to meet), were held with five kaupapa whānau (groups with a common purpose) each comprising 3-6 older Māori members (N=19) to explore their shared perspectives of older Māori alcohol use. I include in this thesis, a brief descriptive account of each kaupapa whānau (Chapter 10) to contextualise the subsequent findings of this study.

During the hui, members of each kaupapa whānau were given a semi structured kōrerorero (discussion/s) schedule seeking their perspectives on how older Māori alcohol use in everyday society is understood as well as any issues with, or positive aspects of, older Māori alcohol use. Again, data was rich, detailed and comprehensive. I chose to focus on two aspects within the data based on their centrality and importance within and across kōrerorero from each kaupapa whānau. These aspects were whanaungatanga (maintaining relationships) and older Māori alcohol use (Chapter 11), and Māori cultural narratives of alcohol use (Chapter 12). These aspects were illustrated in the data in quite different ways which led me to draw on two discursive methods of narrative analysis to interpret each aspect. These were: narrative configuration (Polkinghorne, 1995), and a master/counter framework (Andrews, 2004). By utilising these two methods of analysis, I was able to clearly and consistently privilege participant voice and interpret the data from a Māori cultural perspective in order to align with Māori centred research. In doing so, the findings from this study provide key insights into the

roles of whanaungatanga and, Māori understandings of alcohol use, which were based on the shared perspectives of older Māori.

Research aims and questions

Thesis aim

The primary aim of this thesis was to develop a nuanced understanding of the social context of older Māori alcohol use.

Study one

Study one, grounded in a public health perspective of alcohol use, was a descriptive analysis of existing data from the HWR on older Māori alcohol use, hazardous and binge drinking consumption and their relationships to a number of socio-demographic variables. The research questions were:

1. What is the prevalence of alcohol use, hazardous alcohol use and binge drinking alcohol use among older Māori?
2. What are the relationships between hazardous alcohol use and gender, age, socioeconomic status, social support, social networks, income, partnership status, education, loneliness, smoking status, and Māori cultural identification?
3. What are the relationships between binge drinking alcohol use and gender, age, socioeconomic status, social support, social networks, income, partnership status, education, loneliness, smoking status, and Māori cultural identification?

Study two and three

Study two and three were qualitative studies grounded in a social perspective of alcohol use. These studies sought to build on the findings from the first study to provide a more nuanced understanding of the social context of Māori alcohol use. Specifically, study two explored thirteen older Māori individuals' personal experiences of alcohol use. The study's specific aims were:

1. To understand the broader social location of alcohol use within the everyday lives of older Māori
2. To understand the social factors which influence older Māori alcohol use.

Study three explored the shared perspectives of older Māori alcohol use among five kaupapa whānau comprising older Māori members. The study's specific aim was:

1. To understand the broader and socially shared meanings of older Māori alcohol use

Structure of the thesis

This thesis is structured around three studies and presented in thirteen chapters, including this introduction (Chapter one). Four chapters (Chapters 2, 3, 8 & 9) have been published, one has been accepted for publication (Chapter 12), and one has been submitted for publication (Chapters 11). All six chapters are written according to the journal styles they were submitted to. The remaining seven chapters provide background and supporting information to these studies[1]. All chapters have been formatted to the same style and published chapters were therefore altered to assist with the flow of the thesis. Additionally, each published chapter has an introductory section that links it more clearly into the thesis. To briefly recap:

- Chapter two provides a review of public health literature on alcohol use, older people and Māori, concluding with the aims of the first study. This chapter has been published as a peer reviewed paper in the *Proceeding of the Manawatū Doctoral Research Symposium (2013).*
- Chapter three presents the first, quantitative study of older Māori alcohol use in relation to a number of socio demographic variables. This chapter has been published in the *Journal of Ethnicity in Substance Abuse (2015).*

[1] Due to the nature of completing a thesis by publication, there is repetition of some information across chapters.

- Chapter four reviews the literature on the social context of alcohol use in general, among older people and among indigenous peoples. It also highlights the limitations of current understandings of alcohol use within each section.
- Chapter five builds on chapter four providing an overview of the social context of Māori alcohol use in Aotearoa. Together chapters four and five provide a rationale for the second and third studies.
- Chapter six outlines the research methodology; including Māori centred research, as well as the narrative methods and analyses that I employed for the second and third studies. Also discussed are the ethical considerations and my reflections on the research process.
- Chapter seven tells a brief personal story of each of the thirteen participants in the second study, outlining their alcohol related experiences across their lifetime in order to contextualise the study findings.
- Chapter eight is based on a published research paper of the second study in the *International Journal of Indigenous Health (2017).* This chapter presents an analysis of four key social contexts of Māori alcohol use and important social influences on alcohol use within these contexts.
- Chapter nine is based on a published research paper of the second study in *Critical Public Health (2017).* This chapter presents an analysis of the diverse and socially patterned nature of Māori alcohol use during three key life stages; childhood, adulthood and older age. Highlighted are key life events and social factors found to influence Māori alcohol use within each life stage.
- Chapter ten briefly describes each kaupapa whānau in the third study to contextualise the study findings.
- Chapter eleven, which has been submitted to an international journal for publication, presents an analysis of the relationship between whanaungatanga and older Māori alcohol use and is based on the third study.

- Chapter twelve is based on a research paper of the third study which has been accepted for publication in the *International Journal of Drug Policy.* This chapter presents an analysis of three Māori cultural narratives of alcohol use.
- Chapter thirteen provides a recapitulation of the three studies and their key findings. Then, contributions to current understandings of older Māori alcohol use are presented. Implications for alcohol policy and health promotion practice are suggested, and finally, reflections on the overall research processes are outlined. Limitations and recommendations for future research are made throughout the chapter.

Chapter two

A public health perspective of alcohol use: Reviewing the literature

This literature review provides a rationale for this research, particularly the first study, by outlining key information pertaining to: the ageing population in Aotearoa and among Māori in particular, the health outcomes associated with alcohol use, and issues related to older peoples alcohol use. It also summarises what is currently known about alcohol use among older people, Māori people, and older Māori people, within the context of Aotearoa before concluding with the aims of the first study.

The chapter is published as:

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Alcohol use and older Māori people: Reason for further investigation?

Abstract

When considering alcohol use in Aotearoa, the focus is often on 'binge drinking cultures' of younger generations. However this paper, based on a literature review, will illustrate the need to better understand older Māori alcohol use in Aotearoa. There are a number of reasons for this. First, with the phenomenon of an ageing population older people will make up a significant proportion of the total population in the future and Statistics New Zealand (2006) predicts there will be a significant increase in the number of older Māori in particular. Second, there is a wide range of health outcomes associated with alcohol use, both positive and negative, which emphasise the need to better understand how alcohol may influence older people's health and wellbeing. Third, research suggests that among older people in general, there are high rates of problematic alcohol use and it has been argued that these rates may be higher because, in many cases, problem drinking is not identified among older people. Specifically, research conducted in Aotearoa indicates that a) alcohol use among older people is becoming an increasing area of concern and b) Māori people in particular are more likely to be engaging in hazardous alcohol use. However, very little research has been done to better understand alcohol use among older people, particularly among older Māori. These factors emphasise the need for better understanding of older Māori alcohol use to ensure their health and wellbeing in the future.

Keywords: Māori, health, alcohol use, older people

The ageing population

Around the world the population is ageing with both a rise in the average age of the population as well as a growing older population (World Health Organisation, 2012). According

to the World Health Organisation (2012) "between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%" (p. 1).

This global ageing phenomenon applies to Aotearoa as well, with a significant increase in people reaching 60 years and older. At the time of the 2006 census there were 495,600 people aged 65 years and over, an increase of 45,200 people from the 2001 census (Statistics New Zealand, 2006). Statistics New Zealand (2006) predicts that the number of people aged 65 years and over will more than double by 2051 at which time they will make up approximately 1.33 million people of all residents in Aotearoa. This is largely due to the population bulge known as the 'baby boomers', of whom the first turned 65 years of age in 2010.

Ethnic diversity among older people is also on the rise with the proportion of older people across all ethnicities expected to increase significantly (Ministry of Health, 2011a). In particular, it is expected that the older Māori population (aged over 65 years) will more than double from 4% in 2006 to 9% in 2026 (Ministry of Health, 2011a). Moreover, in the next fifteen years the growth in the older Māori population (7.1%) is expected to more than double the growth in the older non-Māori population (3.3%) aged 50 years and over (Ministry of Health, 2012). In addition, Māori will continue to make up a substantial proportion of the older population after the 'baby boomer' bulge given the relatively younger age structure of the current Māori population (Cormack, 2007).

These statistics highlight not only an ageing population in Aotearoa, but also that our older Māori population is increasing at rates that exceed older non-Māori. As a result, a number of public health issues will need to be addressed in order to better meet the needs of older people. In particular, alcohol use is an area that requires more attention.

Health effects of alcohol

Alcohol has a myriad of effects on individuals, their families, communities and society. On the one hand alcohol is identified as being the third largest risk factor for disease around the world and it has been established that there are more than 60 types of disease and injury that

occur as a result of alcohol consumption (Rehm & Ulrich, 2009; World Health Organisation, 2002; 2012). On the other hand there are numerous and emerging examples provided in the literature of the positive effects of light to moderate alcohol consumption among older people.

Negative effects of alcohol

The negative effects of alcohol among older people include anxiety, depression (Johnson, 2000; Rehm, Gmel, Sempos, & Trevisan, 2003), insomnia, incontinence, liver and kidney problems (Culberson, 2006; Menninger, 2002; Rehm, Room, et al., 2003), cognitive impairment and decline (Culberson, 2006; Thomas & Rockwood, 2001) self-neglect, malnutrition, stroke and hypertension (Alcohol Advisory Council New Zealand (ALAC), 2012; Blazer & Wu, 2009; Moore, Whiteman, & Ward, 2007; Room, Babor, & Rehm, 2005), alcoholic psychoses (Rehm, Gmel, et al., 2003; Thomas & Rockwood, 2001; Wells, Broad, & Jackson, 2004), pancreatitis, diabetes, osteoporosis (Barnes et al., 2010; Culberson, 2006; Rehm, Gmel, et al., 2003), breast cancer and a number of other forms of cancer (Connor, Broad, Rehm, Vander Hoorn, & Jackson, 2005; Rehm, Gmel, et al., 2003; Room et al., 2005).

More specifically, evidence provided in the literature shows that older people are "particularly vulnerable to the adverse effects of alcohol" (Johnson, 2000, p. 575). This is due in part to the physiological changes in health status associated with the ageing process. For example, reduced tolerance to alcohol, higher blood alcohol concentration and poorer metabolism resulting in an increased effect of alcohol on 'the ageing body' (ALAC, 2011; Dufour & Fuller, 1995; Fink, Elliott, Tsai, & Beck, 2005; Gordon et al., 2003; Menninger, 2002; Merrick et al., 2008; Moos, Brennan, Schutte, & Moos, 2010; Thomas & Rockwood, 2001).

It is also due to the increased risk of medication interactions. Older people who consume alcohol and who take medications are at risk of a number of adverse effects due to medication interactions with alcohol (Barnes et al., 2010; Culberson, 2006; Gordon et al., 2003; Merrick et al., 2008; Moore et al., 2007; Moos et al., 2010). Dufour and Fuller (1995) state that there are "more than 100 prescription and over-the-counter medications that interact adversely with

alcohol" (p 127), and literature shows that there are high levels of medication use among older people (Dufour & Fuller, 1995; Moore et al., 2007; Stevenson, Stephens, Dulin, Kostick, & Alpass, 2015).

Positive effects of alcohol

A growing body of literature also reports the beneficial effects of light to moderate alcohol consumption among older people (Culberson, 2006). In general, there is a J or U shaped relationship observed when considering alcohol and health. That is, abstainers and heavy, or binge, drinkers have worse health outcomes than light to moderate drinkers (Colsher & Wallace, 1989; Lucas, Windsor, Caldwell, & Rodgers, 2010; Wells et al., 2004). Researchers have consistently found that low to moderate alcohol consumption, is directly related to a reduction in the risk of many types of illness and disease including: cardiovascular disease, diabetes mellitus, Alzheimer's disease, dementia and cognitive decline (Connor et al., 2005; Corrao, Bagnardi, Zambon, & La Vecchia, 2004; Culberson, 2006; de Vegt et al., 2002; Di Castelnuovo et al., 2006; Koppes, Dekker, Hendriks, Bouter, & Heine, 2005; Mukamal et al., 2006). Also low to moderate alcohol consumption is thought to result in better self-reported health (Powers & Young, 2008), lower self-reported rates of hospitalisations (Ogborne & deWit, 2001) and lower mortality and morbidity (Chen & Hardy, 2009; Colsher & Wallace, 1989; Di Castelnuovo et al., 2006; Mukamal et al., 2006; Rehm, Gmel et al., 2003).

In summary, alcohol consumption has a wide range of health effects with specific risk factors that must be considered among older people. Namely, physiological risks associated with ageing and medication use. These factors further emphasise the need to better understand how alcohol use may influence older people's health and wellbeing.

Alcohol use among older people

Internationally it has been recognised that there is a need for further investigation into alcohol use among the older population (Dufour & Fuller, 1995; Gfroerer, Penne, Pemberton, &

Folsom, 2003; Johnson, 2000; Lakhani, 1997). There are three main arguments for this. First, as outlined above, with the ageing population, alcohol use among older people will become a major public health concern in the near future (Breslow, Faden, & Smothers, 2003; Culberson, 2006; Merrick et al., 2008; Moore, Morton et al., 1999; Woodruff et al., 2009). Second, literature provides evidence of high rates of problematic drinking occurring in the older population (Adams, Zhong, Barboriak, & Rimm, 1993; Blazer & Wu, 2009; Johnson, 2000; Khan, Davis, Wilkinson, Sellman, & Graham, 2002; Moore, Hays, Greendale, Damesyn, & Reuben, 1999; Stevenson et al., 2015). Third, hazardous alcohol use among older people is largely under-identified, misdiagnosed and undertreated (Barrick & Connors, 2002; Benshoff, Harrawood, & Koch, 2003; Farkas & Drabble, 2008; McInnes & Powell, 1994; O'Connell, Chin, Cunningham, & Lawlor, 2003; Rice & Duncan, 1995). As a result, problematic rates of alcohol use may be higher among older people because they only encompass identified alcohol use problems (Benshoff et al., 2003; O'Connell et al., 2003; Ticehurst, 1990).

The reasons for under-identification of hazardous alcohol use include: health professionals not identifying symptoms attributable to alcohol related problems due to their similarity with health problems associated with ageing (Barrick & Connors, 2002; Benshoff et al., 2003; Culberson, 2006; Farkas & Drabble, 2008; Khan et al., 2002; Menninger, 2002; O'Connell et al., 2003). Also, many older people drink in home on their own and, in general, do not discuss their drinking habits or issues with health professionals (ALAC, 2011; O'Connell et al., 2003). Finally, as a result of ageism, many health professionals assume that older people will not be drinking in a hazardous or harmful manner (Benshoff et al., 2003; Culberson, 2006).

It is well documented that alcohol use among older people is an area requiring further investigation. International literature suggests high rates of problematic alcohol use among older people. However, due to the under-identification of problematic alcohol use, these rates may be higher than estimated. These factors illustrate both the gaps in knowledge and the significance of

hazardous alcohol use among older people thus demonstrating the need for more research to be conducted in this area.

Alcohol use in Aotearoa

The New Zealand Alcohol and Drug Survey [NZADS] provides important information around alcohol use and behaviours among those aged 16-64 years (Ministry of Health, 2009). Results show that the majority of adults consumed a drink in the past year (85.2%) and 6.8% reported drinking daily. Daily alcohol consumption rates increased with age, and alcohol use among men is significantly higher than alcohol use among women. Results also suggest that rates of hazardous drinking, namely binge drinking, within Aotearoa population is high (Ministry of Health, 2009).

The NZADS also identified several clear patterns of difference for alcohol use when considering socioeconomic status [SES] and gender. For example, those with a lower SES were significantly "less likely to have consumed alcohol in the past year" (Ministry of Health, 2009, p. 18). However, in the past year, they were more likely to: have consumed a large amount of alcohol at least weekly, received or wanted help to reduce their alcohol use, experience harm from their own alcohol use as well as others alcohol use (Ministry of Health, 2009). Regarding gender, in the past year, men were more likely to: consume an alcoholic drink, drink more frequently, and consume a large amount of alcohol on one occasion, when compared to women (Ministry of Health, 2009).

However, while the NZADS provides general information around alcohol use in Aotearoa, there are limitations when considering alcohol use among older people in particular. For example these findings suggest a complex relationship exists between alcohol behaviours and factors such as SES and gender which require further investigation in order to understand more fully. More specifically, the NZADS does not include people over the age of 64 years and there is no specific discussion of alcohol use among those in the older age brackets e.g. 50-64 years of age. The National Drug Policy (as cited in Ministry of Health, 2009) consider youth,

Māori (discussed in further detail in following sections), Pacific peoples, and, pregnant women to be at greater risk of experiencing harm from alcohol use and therefore provide specific discussion on their alcohol use. However, given the international literature suggesting that hazardous drinking among older people is increasing and with the negative health outcomes associated with alcohol use, there must be further investigation around alcohol use in this age group as they too may be at increased risk of experiencing harm from alcohol use. The following section illustrates this point.

Alcohol use among older people in Aotearoa

In Aotearoa, it has been recognised that alcohol use among older people is increasingly becoming a public health concern of major importance as a result of the ageing population (Khan et al., 2002; Stevenson et al., 2015). The Ministry of Health (2011b) predicts that "alcohol and other drug disorders will become more prevalent among older people as 'baby boomers' enter old age" (p. 10).

However, according to ALAC, the area of alcohol use among older people in Aotearoa is yet to be fully investigated, despite the ageing population (ALAC, 2011). In fact, ALAC (2011) argue that the hazardous consumption of alcohol among older people is a 'hidden epidemic'. This 'hidden epidemic' relates not only to people's lack of awareness of hazardous alcohol use among older people but also the lack of research investigating this issue. For example Harvey (2012) reports that "elderly people drinking to excess is an increasing problem in Aotearoa, despite most people perceiving heavy drinking as a youth issue" (p. 1). Furthermore, there are only two studies which provide information around alcohol use among older people in Aotearoa.

Khan et al. (2002) and Stevenson et al. (2015), conducted research investigating older people's alcohol use in Aotearoa. Results from both these studies show that a significant number of older people are engaging in hazardous alcohol use. Similar to the NZADS, these two studies identified a number of socio demographic variables that were found to play a role in hazardous alcohol use. For example, Khan et al. (2002) observed significant gender differences between

men and women, with men having higher prevalence rates for hazardous alcohol use (20.9% vs. 1.3%) and for ever being alcohol dependent (38.7 vs. 13.9%) when compared to women. Hazardous patterns of alcohol use in the past 12 months also differed when employment status, marital status and living arrangements were taken into consideration. For example, hazardous rates differed between people who were retired compared with people who were self-employed/part time workers (8.5% vs. 27.3% respectively). Those who were married had a prevalence rate of 12.6%, compared with 5.6% of those who were 'never married, separated, divorced, widow, widower'. People living with a spouse also had a higher prevalence rate (12.8%) than those 'living alone, living with children, living with relatives, and those living in rest homes' (5.5%).

Similarly, Stevenson et al. (2015), report "very high levels of hazardous drinking were reported by men (71.5%); New Zealand Europeans (63.2%); those on annual incomes over $35,000 (71.8%); and those with a good standard of living (68%)" (p. 9). Furthermore, those who: lived with others, were aged 65-70 years, and those who were married or partnered were more likely to report hazardous levels of alcohol use. Regarding heavy episodic drinking, men reported the highest level (29.5%), as did those with a good standard of living (21.3%). Unlike hazardous drinking, those who were separated, divorced or widowed, were more likely to binge drink than those who were married or partnered.

An area of growing concern within Aotearoa is that of alcohol use among older people. Apart from two community studies, which have both found high levels of hazardous drinking among older people, there is no other research that investigates how our older population is drinking. In addition, these studies provide evidence of the complex relationships occurring between alcohol use and a number of socio-demographic variables. Further investigation is needed around older people's alcohol use and factors which may influence their drinking behaviours.

Alcohol use among Māori in Aotearoa

While it is important to understand alcohol use among older people in Aotearoa it is also necessary to gain perspective on drinking patterns among Māori because evidence suggests significant differences between Māori and non-Māori in relation to their alcohol use (Connor et al., 2005; Ministry of Health, 2009; Stevenson et al., 2015) and Māori suffer disproportionate harm as a result of alcohol use (Ministry of Health, 2009). The following section will provide information around what is known about Māori alcohol use and associated harm.

Te Ao Waipiro 2000: The Māori National Alcohol Survey, assessed drinking patterns and alcohol-related problems among 1,992 people aged 13-65 years who identified as Māori (Moewaka Barnes, McPherson, & Bhatta, 2003). Similar to the NZADS, a high proportion (80%) said they were drinkers[2] and, on average, drinking occurred roughly every three days among all drinkers. Additionally, most alcohol consumption (76%) occurred during heavier drinking occasions. For example, in a typical drinking occasion women reported drinking 5-6 drinks and men, 7-8 drinks[3], which exceeds safe or recommended levels of alcohol consumption in Aotearoa (ALAC, 2012; Moewaka Barnes et al., 2003).

Similarly, the 2007/08 NZADS found that, among past year drinkers, Māori were less likely to be drinkers however they were more likely than non-Māori to consume large amounts of alcohol in one drinking session (Ministry of Health, 2009). The New Zealand Mental Health Survey also found that Māori are more likely than other ethnic groups to drink alcohol or use drugs in a 'harmful' manner (Oakley- Browne, Wells, & Scott, 2006).

In fact, generally, most studies report that Māori are less likely to drink alcohol and they drink less often than non-Māori but, when they do drink, they tend to drink more in a typical drinking session and are more likely to engage in hazardous drinking patterns (Bramley et al., 2003; Connor et al., 2005; Fryer, Jones, & Kalafatelis, 2011; Meiklejohn, 2010; Stefanogiannis, Mason, & Yeh, 2007). In addition, results from Te Ao Waipiro show that, when considering the

[2] Drinkers are defined as those who have consumed alcohol in the previous 12 months.
[3] Average across all ages

harmful effects of alcohol consumption such as: on friendships, social life, home life, and financial position. Māori; especially Māori women, suffer significantly more harm than non-Māori both as a result from their own drinking and from someone else's drinking (Moewaka Barnes et al., 2003). This suggestion is supported by Connor et al. (2005), who estimate that the alcohol related death rate for Māori is 4.2 times higher than non-Māori (Connor et al., 2005).

However, while the literature provides evidence that some Māori may drink in a hazardous manner and that they may experience more harm than non-Māori as a result of alcohol use, there are gaps in this knowledge. For example, there have been no studies conducted specifically among older Māori and their alcohol consumption patterns. Rather, the research that has been conducted only includes those aged up to 65 years and there is very little discussion on alcohol use within the older age categories (those up to the age of 65 years) included in these studies (Fryer et al., 2011; Ministry of Health, 2011b).

In addition, much of the alcohol use literature compares Māori to non-Māori which mean that Māori people's alcohol use is defined only in terms of their differences to non-Māori. As Reid and Robson (2007) assert, this leads to a 'deficit' way of thinking whereby the 'problem' then lies with Māori. To gain a more comprehensive understanding research must investigate alcohol use among Māori without seeking to make comparisons to non-Māori.

Finally, very little is known around the context of older Māori alcohol use in Aotearoa. While research suggests a complex relationship exists between alcohol use and socio demographic variables, this has not been explored among Māori and, in particular, older Māori and how these factors may affect or influence their alcohol consumption patterns.

Conclusion

Alcohol use among older people is becoming an increasingly important public health issue as 'baby boomers' reach older age. Not only are there numerous health effects associated with alcohol use but literature also suggests there are high rates of hazardous alcohol use among older people that are worthy of further investigation. Specifically, in Aotearoa, very little is

known about older people's alcohol use although literature suggests there are complex relationships between hazardous alcohol use and a number of socio demographic variables. In addition, research suggests Māori appear more likely to be engaging in hazardous drinking although, to date; there has been no research investigating older Māori alcohol use.

The current research will be an exploratory study which aims to investigate older Māori alcohol use. This study will not only assess alcohol consumption patterns but it will also consider the social context of older Māori to see what factors, if any, may influence their alcohol use. It is hoped that this research will not only provide information on how older Māori are drinking but also that it will inform health promotion interventions, public health policy and health professionals so as to better meet the health and wellbeing needs of older Māori in Aotearoa.

Chapter three

Study one: A public health inquiry into older Māori alcohol use

The first study in this thesis aimed to build on what is currently known about older Māori alcohol use. Ethical approval was granted by Massey University Human Ethics Committee: Southern B (13/48). Using survey data from the HWR study, this study investigated the following research questions:

1. What is the prevalence of alcohol use, hazardous alcohol use and binge drinking alcohol use among older Māori?
2. What are the relationships between hazardous alcohol use and gender, age, socioeconomic status, social support, social networks, income, partnership status, education, loneliness, smoking status, and Māori cultural identification?
3. What are the relationships between binge drinking alcohol use and gender, age, socioeconomic status, social support, social networks, income, partnership status, education, loneliness, smoking status, and Māori cultural identification?

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STATEMENT OF CONTRIBUTION
TO DOCTORAL THESIS CONTAINING PUBLICATIONS

(To appear at the end of each thesis chapter/section/appendix submitted as an article/paper or collected as an appendix at the end of the thesis)

We, the candidate and the candidate's Principal Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of Candidate: Sarah Herbert

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Alcohol use and older Māori in Aotearoa.

Abstract

This study investigated alcohol use, hazardous and binge drinking prevalence, and their relationships to socio-demographic variables in community dwelling older Māori adults in Aotearoa. Alcohol use, hazardous drinking, and binge drinking were assessed with the AUDIT-C in a cross-sectional postal survey of 1042 older Māori people randomly selected from the New Zealand Electoral Roll. A total of 41.2% of all participants reported drinking at hazardous levels. Odds ratios from binomial logistic regression showed hazardous drinking was significantly more likely to occur among males, current smokers, and those with higher local self-contained network scores. Binge drinking was reported by 19.6% of the sample, with odds ratios indicating that males, current smokers, and those with higher Māori cultural identification scores were significantly more likely to report binge drinking. The high rates of hazardous and binge drinking prevalence reported in the current study raise issues of concern when considering the health of older Māori people. Results indicate that social networks, gender, smoking status, and Māori cultural identification may influence hazardous and binge drinking alcohol use. However, limitations of the present study also highlight the need for more focused and in-depth research to be conducted with older Māori people to understand the sociocultural context in which alcohol use occurs.

Keywords: Alcohol use, AUDIT-C, Māori people, older people

Introduction

Internationally, the population is ageing with both a rise in the average age of the population and a population that is growing older (World Health Organisation, 2012). In Aotearoa, it is predicted that the number of people aged 65 years and older will more than double by 2051 (Statistics New Zealand, 2006). Older Māori people in Aotearoa will more than double in the total population from 4% in 2006 to 9% in 2026, and this growth is more than twice that of

the older non-Māori population (Ministry of Health, 2012). Alcohol use is one of a number of public health issues that will need to be addressed to meet the needs of older people (Breslow et al., 2003; Culberson, 2006; Merrick et al., 2008; Moore, Morton, et al., 1999; Woodruff et al., 2009) this paper considers alcohol use among older Māori people in particular.

The ageing population is one of three key reasons for investigation into alcohol use among older people (Dufour & Fuller, 1995; Gfroerer et al., 2003; Johnson, 2000; Lakhani, 1997). A second reason is direct health effects. Older people have a reduced tolerance of alcohol, higher blood alcohol concentration, and poorer metabolic function resulting in an increased effect of alcohol on 'the ageing body' (ALAC, 2011, 2012; Dufour & Fuller, 1995; Fink et al., 2005; Gordon et al., 2003; Menninger, 2002; Merrick et al., 2008; Moos et al., 2010; Thomas & Rockwood, 2001). Medication interactions with alcohol are also a major concern, with literature suggesting that there are high levels of medication use among older people (Barnes et al., 2010; Culberson, 2006; Gordon et al., 2003; Moore et al., 2007; Moos et al., 2010) and many of these medications interact negatively with alcohol (Dufour & Fuller, 1995; Moore et al., 2007). Third, despite recommendations for reducing alcohol use, there is evidence for high rates of alcohol use in the older population (Adams et al., 1993; Blazer & Wu, 2009; Johnson, 2000; Khan et al., 2002; Moore, Hays et al., 1999; Towers et al., 2011).

In Aotearoa, two recent studies show that a high number of older people are engaging in hazardous alcohol use. A cross sectional, community-based study conducted by Khan et al. (2002) among people aged 65 years and older found that alcohol was consumed in the past year by 83% of the sample and 10% were identified as drinking alcohol in a hazardous manner using the Alcohol Use Disorders Identification Test (AUDIT). Towers et al. (2011) carried out a cross-sectional postal survey among 6662 New Zealanders aged 55–70 years. Using an older specific threshold on the AUDIT-C it was found that 50% of the sample was drinking hazardously and 18% of the sample had engaged in binge drinking (6 or more drinks on one occasion) in the past month, while 33.5% had engaged in binge drinking in the past year.

The findings in Aotearoa suggest different patterns of alcohol use for older Māori the indigenous people of Aotearoa. For example, Towers et al. (2011) reported that while Māori were less likely to drink hazardously; based on frequency and quantity of alcohol consumed in the past year, when compared to the total sample (45% vs. 50%), they were more likely to be engaging in binge drinking behaviour; defined as 6 or more drinks in the past month (27% vs. 18%). This is in line with evidence of differences between Māori and non-Māori in alcohol use in younger samples (Connor et al., 2005; Ministry of Health, 2009). The NZADS reported that, while Māori are less likely than non-Māori to drink alcohol regularly, they were more likely to consume large amounts of alcohol in one drinking session (Ministry of Health, 2009). Several other studies have reported a similar pattern of alcohol use among younger Māori (Bramley et al., 2003; Connor et al., 2005; Fryer et al., 2011; Meiklejohn, 2010; Oakley-Browne et al., 2006; Stefanogiannis et al., 2007).

International studies suggest a complex relationship between alcohol use, ethnicity (Chartier, Hesselbrock, & Hesselbrock, 2009; Saunders, Aasland, Amundsen, & Grant, 1993), and other socio-demographic variables such as: socio-economic status (Goodman & Huang, 2002; Huckle, You, & Casswell, 2010), age (Breslow et al., 2003; Merrick et al., 2008), education (Barnes et al., 2010; Jonas, Dobson, & Brown, 2000), social support (Peirce, Frone, Russell, & Cooper, 1996) and social networks (Jonas et al., 2000; Valente, Gallaher, & Mouttapa, 2004), loneliness (Bonin, McCreary, & Sadava, 2000), smoking (Harrison, Desai, & McKee, 2008; Jonas et al., 2000), and marital status (Jonas et al., 2000). In two New Zealand studies of older people, similar alcohol use patterns related to socio-demographic variables were found. Khan et al. (2002) reported that rates of hazardous use were significantly higher for men, lower for retired people compared to people who were self-employed or part time workers, and higher for married people compared with those living alone or with other relatives. Towers et al. (2011) similarly found that those who were male, wealthier, and partnered were more likely to report hazardous levels of alcohol use.

The evidence to date suggests that many older people may be using alcohol hazardously, that more Māori may report binge drinking patterns compared to non-Māori and that Māori may experience more harm as a result of hazardous alcohol use (Ministry of Health, 2009). Furthermore, there are socio-demographic variables that may predict differences within these groups. However, there have been no studies conducted specifically among older Māori people regarding their alcohol use in any research on alcohol use to date; Māori have only been compared to non-Māori, meaning Māori people's alcohol use is defined only in terms of their differences to others. Reid and Robson (2007) assert that these comparisons lead to a 'deficit' way of thinking whereby the 'problem' lies with Māori people and is seen as due to "any mix of inferior genes, intellect, education, aptitude, ability, effort, or luck" (Reid & Robson, 2007, p 5). The present research was an exploratory, descriptive study that aimed to investigate alcohol use specifically among older Māori, without positioning their alcohol consumption as a problem compared to other groups.

A second aim was to investigate the relationships between hazardous and binge drinking and a number of socio-demographic variables suggested by previous research including: gender, age, socioeconomic status, social support, social networks, income, partnership status, education, loneliness, smoking status, and Māori cultural identification.

Method

Participants

The study utilised survey data collected for the HWR study. The 2010 HWR sample is representative of both Māori and non-Māori New Zealanders, and was randomly selected from the New Zealand electoral role for which registration is compulsory for all citizens of New Zealand who are eligible to vote in government elections (Dulin, Gavala, Stephens, Kostick, & McDonald, 2012). (For more detailed information on the HWR study, please see www.massey.ac.nz/hart/).

This study analysed data from a subsample from the HWR study of 1042 of the original 3275 respondents. All participants indicated they identified as being of Māori ethnicity, and were aged 50 years and over. Identification of Māori ethnicity was used, rather than Māori descent because many New Zealanders are of mixed descent and descent is not an indication of cultural identification. Cultural identification in turn is more strongly linked to culturally linked activities and behaviour. An age range of 50 years and over was selected for this study because Māori people have lower life expectancy compared to non-Māori (Robson & Purdie, 2007). Additionally, Māori people experience 1.1 to 2.7 times higher death rates than non-Māori across all age ranges and this disparity increases significantly as people age (Ministry of Health, 2011a; Statistics New Zealand, 2009).

As shown in Table 1, less than half the participants were male (45%). Participants ranged from 50 to 87 years (μ = 64 years) with 25.7% aged between 50–59 years, 51.2% aged 60–69 years, and 23.1% aged 70+ years. The largest group specified no educational qualifications (35.9%) while 19% indicated secondary school qualifications as their highest level, 23.2% had post-secondary/trade qualifications, and 21.8% held tertiary qualifications.

Table 1

Demographic profile of the sample

Demographics		% of sample
Gender	Male	45
	Female	55
Age groups	50-59	25.7
	60-69	51.2
	70-90	23.1
Education	No qualifications	35.9
	Secondary school qualifications	19
	Post-secondary/trade	23.2
	Tertiary	21.8
Partnership Status	Married	64.6
	Divorced	12.9
	Widowed	14.4
	Single	8.1
Socioeconomic Status	Hardship	15.6
	Comfortable	26.8
	Good	39.7

The majority of the sample was married (64.6%). Small proportions of the sample were divorced/separated (12.9%), widowed (14.4%), or single/never married (8.1%). Using the

Economic Living Standards Measure, 15.6% of participants indicated living in hardship while 26.8% and 39.7% reported a comfortable and good living standard, respectively (17.9% missing). The mean, before-tax household income was $58,564 per annum (SD = $71,634; median = $40,430).

Measures

i] Demographics

Gender was a dichotomous variable: male = 1, female = 0. Age was a continuous score based on year of birth. Dummy variables were created for education (any qualifications = 1, no qualifications = 0), and partnership status (partnered = 1, not partnered = 0). Smoking status was a dichotomous variable (current smoker = 1 and noncurrent smoker = 0). Level of income was measured by self-report as annual household income before tax.

ii] Alcohol consumption, hazardous drinking, and binge drinking

Alcohol use was assessed using the 3-item AUDIT-C, which is an internationally recognised screening tool for hazardous alcohol consumption and has been demonstrated to be equivalent to the 10-item AUDIT in identifying hazardous drinkers across a range of populations (Aalto et al., 2011; Gómez et al., 2006; Towers et al., 2011). The shortened version ensured participants in the questionnaire survey were not overburdened. Three items assessed frequency of alcohol consumed in the past year (never, monthly or less, 2–4 times a month, 2–3 times a week or, 4 or more times a week), typical number of drinks of alcohol consumed (1 or 2, 3 or 4, 5 or 6, 7, 8 or 9, 10 or more), and frequency of consuming six or more drinks on one occasion (never, less than monthly, monthly, weekly, daily or almost daily). Scores for each question ranged from 0–4 with a final summed score ranging from 0–12. Higher scores indicate greater alcohol consumption (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998).

Hazardous drinking was categorised as either hazardous = 1 or non- hazardous = 0; a score of ≥4 for men and ≥3 for women was used as the older-specific threshold for hazardous

drinking based on Towers et al. (2011) recommendations. Those who drank six or more drinks on one occasion at least monthly or more were classified as binge drinkers (1). All others were classified as non-binge drinkers (0). These terms are those used in alcohol use literature that utilises AUDIT as a population survey tool (Aalto, Alho, Halme, & Seppa, 2009; 2011; Gómez et al., 2006).

For descriptive purposes, an additional item asking about past drinking was used, with AUDIT-C scores, to categorise participants into:

1. *Lifetime abstainers:* Those with no responses to the AUDIT-C items and who indicated no previous consumption of alcohol.
2. *Current non-drinkers:* Those with no responses to the AUDIT-C questions who indicated that they have consumed alcohol in the past [Liang & Chikritzhs (2013) provide evidence for the need to separate abstainers from former drinkers to avoid exaggerated health differences].
3. *Non-hazardous drinkers:* AUDIT-C score of 0–3. This reflects drinking at levels with no risk for immediate or long-term harm.
4. *Hazardous drinkers:* An AUDIT-C score of 4–7, which reflects drinking at levels that increases the risk of long-term harm.
5. *Heavy drinkers:* AUDIT-C score of 8+, which indicates high levels of alcohol use and risk of both immediate and long-term harms (Aalto et al., 2009).

iii] Socioeconomic status

Socioeconomic status was measured using the economic living standards index short form (ELSI-SF) (Jensen, Spittal, & Krishnan, 2005). The ELSI-SF, developed in Aotearoa, measures levels of consumption, social activity, and asset ownership rather than the economic resources that enable them (Jensen et al., 2005). Made up of 25 items, the ELSI-SF assesses restrictions in ownership of assets (8 items), restrictions in social participation (6 items), the extent to which respondents economise (8 items), and a self-rated indicator of standard of living

(3 items). Scores were combined from each item to form a continuous score between 0–31 with higher scores indicating a higher living standard (Jensen et al., 2005). Cronbach's coefficient alpha for the ELSI-SF is 0.82 in the current study.

iv] Social support

The Social Provisions Scale, used to measure social support, assesses perceived social support based on provisions of social relationships (Cutrona & Russell, 1987). Six relational provisions are included in the measure and include: guidance, reliable alliance, reassurance or worth, attachment, social integration, and opportunity for nurturance. For each of the six provisions there are four statements, two positive and two negative. Respondents rate the extent that these statements describe how their social relationships are currently providing each of the provisions using a 4-point Likert scale rating from strongly agree to strongly disagree. Scores from each subscale (0–16) can be combined (after reversing negative scores) to form an overall social provision score ranging from 0–96 with higher scores indicating stronger social support. Cronbach's coefficient alpha for this measure ranges from 0.65–0.90 (Cutrona & Russell, 1987).

v] Social networks

The Wenger assessment instrument, used in this study, was an adaptation of the original practitioner assessment of network type (PANT) (Wenger, 1997). This measure assesses the interactions between respondents and their close family and friends, as well as community involvement. Five network type scores are generated based on sources and levels of interaction. The network types are labelled as follows: locally integrated networks, wider community networks, local self-contained networks, local family networks, and private networks (Llewellyn, Gething, Kendig, & Cant, 2003).

vi] Loneliness

Loneliness was measured via the measure developed by de Jong-Gierveld & Kamphuls (1985). Two subscales assess social (five items) and emotional (six items) loneliness. Of these

11 items 5 have positive connotations and are based on feelings of social embeddedness / sense of belonging, and 6 are negatively formulated and express unhappiness / missing an attachment relationship. Response categories were "yes," "no," or "more or less". Scores on the positive items were reversed so and the total loneliness score is calculated by combining the sum of both the emotional and social loneliness scores. A score of 0 indicates complete social embeddedness / no loneliness present whereas a score of 11 indicates ultimate / extreme loneliness.

vii] Māori cultural identity

Māori cultural identity was measured using the Te Hoe Nuku Roa cultural identity measure, which investigates both a sense of belonging, and participation, in Māori culture (Stevenson, 2004). Seven key indicators are captured in the measure including: self-identification as Māori, whakapapa (genealogy/ancestry), perceived importance of whānau, perceived ability in Te Reo Māori (Māori language), contact with Māori people, the number of marae visits (traditional meeting place/s of Māori) in the last 12 months, and financial interests in whenua tipu (ancestral land). Each item produces a score that is weighted and combined to form a total score between 0–18. Higher scores indicate a higher level of participation in Māori cultural activities.

Procedure

Data was collected via postal survey using a multiple contact points method to maximise participation. An initial letter was sent to all participants introducing the study. A week later the questionnaire, information sheet about the study, and a freepost return envelope was sent. Two weeks later, a reminder postcard was sent. The next week, a replacement questionnaire was sent to all nonrespondents to further encourage participation and 5 weeks later a second reminder postcard was sent to remaining nonrespondents asking them to participate. (For more details on this procedure see Alpass et al. (2007). The Massey University Human Ethics Committee approved all procedures for this study

Analysis

Alcohol use and hazardous and binge drinking prevalence are reported as percentages of the sample. Pearson's product-moment correlation coefficient (Pearson's r) was conducted to test the relationships of AUDIT-C scores with age, socioeconomic status, income, social support, social networks, loneliness, and Māori cultural identification. Spearman's Rho was used to test the relationship between AUDIT-C scores and the dichotomous variables; gender, education, partnership status and smoking status. Spearman's Rho was also used to test relationships between hazardous drinking and binge drinking and gender, age, education, partnership status, smoking status, socioeconomic status, income, social support, social networks, loneliness, and Māori cultural identification. Two binary logistic regression equations included hazardous and binge drinking as dependent variables. All variables with significant correlations were included in the first step as covariates with an alpha level set at 0.05. Gender, age, partnership status, smoking, income, locally integrated, local self-contained and private networks, and Māori cultural identification were regressed on hazardous drinking scores. Gender, age, smoking status, social support, locally integrated, local self-contained and private networks, loneliness, and Māori cultural identification were regressed on binge drinking scores. Odds ratios (with 99% CI) were obtained along with prevalence rates of hazardous and binge drinking, reported as percentages for each demographic group. Sample size was reduced due to missing data as shown in the results section.

Results

Alcohol Use

Alcohol had been consumed by 89.8% of the sample. In the past year, participants reported never drinking alcohol (25.1%) or drinking monthly or less (28.1%), 2–4 times per month (13.9%), 2–3 times per week (17.1%), and 4 or more times per week (15.7%). Percentages within each alcohol use category were as follows: lifetime abstainer (8.1%) current

nondrinkers (17.5%), nonhazardous drinkers (37.4%), hazardous drinkers (29.6%), and heavy drinkers (7.5%).

Hazardous Alcohol Use

The rate of hazardous drinking was 41.2% compared with 42.7% who were not categorised as hazardous drinkers (16.1% missing). As shown in Table 2, AUDIT-C scores were significantly higher for: males, people who were partnered, current smokers, those with higher incomes, scores for local self-contained networks, and private networks. AUDIT-C scores were significantly and negatively correlated with age, locally integrated networks, and wider community networks.

Table 2

Correlations between AUDIT C scores, Hazardous drinking, Binge drinking and Socio-demographic variables.

	AUDIT C Scores	Hazardous Drinking†	Binge Drinking†
Gender†	.33**	.18**	.29**
Age	-.11**	-.09**	-.11**
Education†	-.03	-.04	-.07
Partnership status†	.14**	.10**	-.01
Smoking status†	.10**	.09*	.09**
Income	.08*	.09*	.03
Socio-economic status	.04	.07	-.03
Social support	-.02	.02	-.09*
Locally integrated network score	-.17**	-.14**	-.12**
Wider community network score	-.08*	-.04	-.06
Local self-contained network score	.18**	.14**	.11**
Local family network score	-.00	-.03	-.00
Private network score	.15**	.14**	.08*
Loneliness	.03	-.02	.12**
Māori cultural identification	-.06	-.08*	.10**

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).
†. Spearman's Rho used to calculate correlations with dummy variables; created for descriptive analysis.

Spearman's Rho (*r*) (see Table 2) showed that males, current smokers, those who are partnered, and those with higher income, higher local self-contained, and private network scores, were more likely to be drinking hazardously. Age, locally integrated network scores, and Māori cultural identification were significantly and negatively correlated with hazardous drinking.

A logistic regression analysis was conducted to predict hazardous drinking using those variables with a significant correlation: gender, age, partner- ship status and smoking status, income, locally integrated, local self-contained and private network scores, and Māori cultural identification set as predictors (see Table 3). A test of the full model against a constant only model was statistically significant, indicating that the predictors as a set reliably distinguished between hazardous and non-hazardous drinkers (chi-square = 57.53, $p < 0.00$ with d.f. = 9, n = 730). Nagelkerke's R^2 of .10 indicated a weak relationship between prediction and grouping. Prediction success overall was 60.7% (61.5% for hazardous drinking and 59.9% for non-hazardous drinking). Odd's Ratio's (OR) show that gender, age, smoking, and local self-contained network scores made a significant contribution to prediction. Specifically, males, current smokers, and those with higher local self-contained scores were significantly more likely to be drinking hazardously, whereas the likelihood of hazardous drinking significantly decreased as people got older. This is depicted in Figure 1, which shows hazardous rates of alcohol use among men and women and according to older age ranges (50–59, 60–69, 70–87 years).

Table 3

Prevalence rates (%) and Odds Ratios (OR) for Hazardous drinking among older Māori people

	n	Prevalence %	*p*	OR (99% CI)
Gender	1027			
Male	461	58.7	.00	1.93 (1.27-2.91)
Female	566	40.9		1 reference
Age	1042		.037	.98 (.95-1.01)
Partnership status	1029			
Partnered	665	52.9	.09	1.34 (.86-2.10)
Not partnered	364	42.3		1 reference
Smoking	1036			
Current smoker	298	56.4	.02	1.51 (.96-2.38)
Current non-smoker	738	46.6		1 reference
Income	1042		.87	1.00 (1.00-1.00)
Locally integrated network	904		.38	1.08 (.87-1.34)
Local self-contained network	904		.00	1.21 (1.02-1.43)
Private network	904		.07	1.17 (.94-1.46)
Māori cultural identification	1010		.64	.99 (.94-1.04)

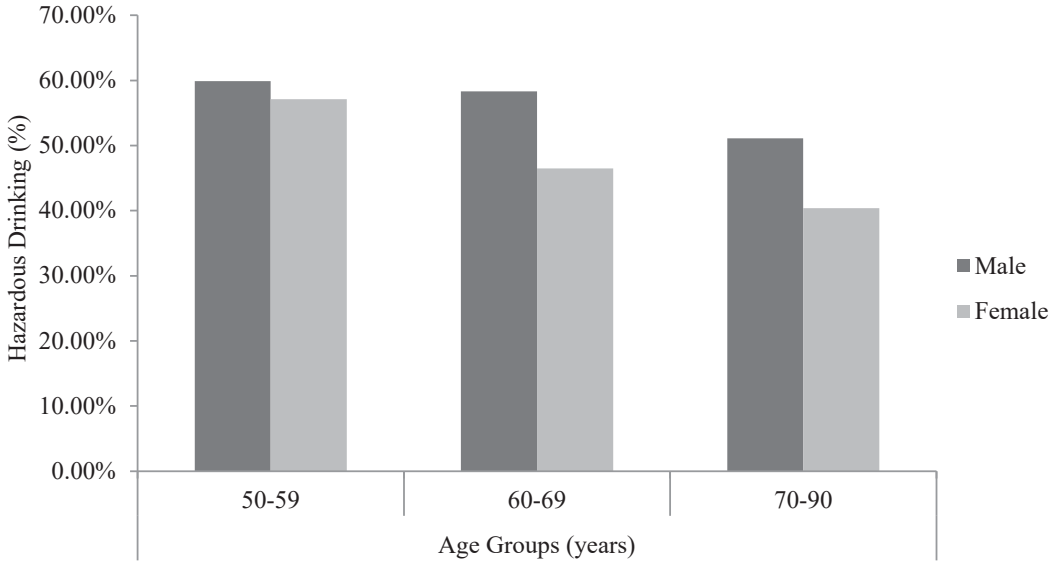

Figure 1 Hazardous drinking rates among Males and Females according to Age Groups (in years).

Binge Drinking

The majority of the sample was not identified as binge drinkers (68.6%); however 19.6% of the sample did engage in binge drinking behaviour (11.8% missing). Fifty percent (50.3%) of the sample did not engage in binge drinking episodes. However, 18.3% engaged in binge drinking 'less than monthly,' 10.1% did so on a 'monthly' basis, 8.3% on a 'weekly' basis, and 1.2% on a 'daily or almost daily' basis.

Spearman's Rho (*r*) (see Table 2) showed that people were more likely to be binge drinkers if they were males, current smokers, had higher scores for local self-contained and private networks, and as loneliness and Māori cultural identification increased. Additionally, binge drinking was significantly and negatively correlated with age, social support, and locally integrated network scores.

A logistic regression analysis was conducted to predict binge drinking using those with a significant correlation (gender, age, smoking, social support, locally integrated network, local self-contained network and private network scores, loneliness, and Māori cultural identification) set as predictors (see Table 4). A test of the full model against a constant only model was statistically significant, indicating that the predictors as a set reliably distinguished between

binge drinkers and non-binge drinkers (chi-square = 81.97, $p < 0.00$ with d.f. = 9, $n = 671$). Nagelkerke's R^2 of .18 indicated a weak relationship between prediction and grouping. Prediction success overall was 78.7% (97.2% for non-binge drinking and 8.6% for binge drinking). OR show that gender, smoking, and Māori cultural identification made a significant contribution to prediction. Specifically, males, current smokers, and those with higher Māori cultural identification scores were significantly more likely to be engaging in binge drinking behaviour.

Table 4

Prevalence rates (%) and Odds Ratios (OR) for Binge drinking among older Māori people

	n	Prevalence %	*p*	OR (99% CI)
Age	1042		.59	.97 (.93-1.01)
Gender	1027			
Male	461	34.5	.00	4.92 (2.73-8.85)
Female	566	10.5		1 reference
Smoking	1036			
Current smoker	298	28.3	.03	0.61 (.90-2.88)
Current non-smoker	738	19.7		1 reference
Social Support	887		.06	.98 (.94-1.01)
Loneliness	966		.61	.98 (.88-1.09)
Locally integrated network	904		.17	.86 (.65-1.14)
Local self-contained network	904		.27	1.1 (.88-1.37)
Private network	904		.38	.91 (.69-1.2)
Māori cultural identification	1010		.00	1.09 (1.01-1.17)

Discussion

This study, found a high prevalence of current alcohol use (89.8%) among the Māori population of Aotearoa. Hazardous drinking was also high with a large proportion of all participants categorised as hazardous drinkers (41.2%). A total of 19.6% of older Māori in this study reported binge drinking at least monthly or more. A number of socio-demographic variables were found to significantly relate to alcohol use. Being male, a current smoker, and being part of a constricted social network was significantly related to hazardous drinking, while the likelihood of hazardous drinking significantly decreased with age. Males, current smokers, and those reporting higher Māori cultural identification were more likely to be binge drinking. These findings provide further support for the socio-demographic factors that have been found to

influence alcohol use among older people in general populations: gender, age, ethnicity, partnership status, smoking status, income, education, and social networks (Breslow et al., 2003; Jonas et al., 2000; Khan et al., 2002; Merrick et al., 2008; Towers et al., 2011; Valente et al., 2004). Reduced alcohol use with age is in line with a body of literature on older people's alcohol use (Lakhani, 1997; Saunders et al., 1993; Towers et al., 2011).

The significant relationships found between alcohol use and social networks are relatively novel in this research area and may be of particular importance among Māori. Older individuals who are embedded in a local self-contained network have been described by Wenger (1994) as those who are more self-reliant, who maintain relationships at arm's length, and have less frequent contact. They usually have at least one relative who is living close by. Overall, their networks tend to be smaller and people who have this type of social network tend to be "childless, no daughters single, and living alone" (Wenger, 1994, p. 25). Wenger (1994) suggests that these are older people who are unwilling to ask for help and more likely to conceal difficulties. Correlations also suggest that those in private network types are more likely to drink hazardously. These networks may include independent couples who are primarily involved with one another or dependent older people who have withdrawn or become isolated from local involvement and therefore tend to experience high levels of social isolation and loneliness (Wenger, 1994, 1997). In contrast, those who belonged to locally integrated networks; individuals with close relationships to friends, local family and neighbours and who are characterised by low levels of social isolation and loneliness (Wenger, 1994, 1997) were significantly less likely to be engaging in hazardous drinking behaviour.

Together these results suggest the importance of social networks to alcohol use. Valente et al. (2004) provide support for this finding that an individual's substance use and misuse is associated with their social networks. The importance of older people's social networks to health is already well known in the public health literature (Stephens & Noone, 2008) and the health protecting influence of different social network types has been demonstrated by several

researchers (Auslander & Litwin, 1991; Litwin, 1995, 2001). It is likely that these effects extend to alcohol use but these categorisations have been made in Western populations with different cultural settings. A consideration of these relationships within a Māori context raises new questions around how Māori social networks may operate to influence hazardous drinking.

The remaining important social variable highlighted in the present analysis was Māori cultural identification. Higher levels of identification with Māori culture significantly predicted binge drinking among older Māori when controlling for other factors. Bramley et al. (2003) state that hazardous drinking, including binge drinking, is "socially patterned in that it is associated with socioeconomic gradients that disproportionately affect Māori" (p. 5). While it is widely acknowledged that cultural identity is linked to health outcomes (Airhihenbuwa, Kumanyika, TenHave, & Morssink, 2000; Durie, 1997b, 1999, 2005; Kagawa-Singer & Kassim-Lakha, 2003; King, Smith, & Gracey, 2009), the finding in this study appear to contradict evidence that suggests a secure and positive Māori cultural identity provides a basis for optimal health and wellbeing (Durie, 1999; Moeke-Pickering, 1996; Robson & Harris, 2007). If binge drinking is socially patterned and the measure used in the present study captures participation in Māori culture then this raises questions around Māori identity and health-related behaviours. Is binge drinking influenced by participation in the Māori culture? And if so how? These questions highlight the limited understanding of how Māori cultural identification may influence binge drinking behaviour and also emphasises the need for further research to be conducted in order to better understand this relationship both from a Māori cultural perspective and within the broader social context of alcohol use among older Māori.

Before we consider these implications some limitations must be noted. Cross sectional data only provides a snapshot of current alcohol use, hazardous, and binge drinking behaviour among older Māori and does not provide information on the direction of effects. All significant correlations with AUDIT-C scores, hazardous and binge drinking and socio-demographic variables were small (0.08–0.33) and omnibus logistic regression only found weak relationships

between age and gender, smoking, and local self-contained scores and their ability to predict hazardous alcohol use as well as gender, smoking, and Māori cultural identification when predicting binge drinking behaviour. In addition, the cultural identification measure used in this study was developed to understand the links between cultural identity and socioeconomic circumstances of Māori at the household level (Stevenson, 2004). This measure sought to capture a sense of belonging and participation in Māori cultural activities, thus raising the question: does this measure work to identify phenomena other than the notion of a secure identity? Additionally, investigation is needed to understand whether the PANT provides an accurate and appropriate measure of social networks among Māori. Finally, the AUDIT-C is a brief screening measure useful for survey categorisation. More informative measures of alcohol use in face to face interviews should be used to develop our understandings of the social location of alcohol use among Māori.

These findings provide indications of the importance of the social context of alcohol use, and in particular, the role of social networks and cultural identity among Māori. However, they also pose intriguing questions for future research. Further investigation is needed to better understand the relationships between alcohol use and social networks, and the broader sociocultural context within which social networks and cultural identity are related to alcohol use among older Māori and other cultural groups. More focused and in-depth study of the social context of alcohol use among older people is needed.

Chapter four

A social perspective of alcohol use: Reviewing the literature

The need to explore the broader social context of older Māori alcohol use was prompted by the findings from the first study. The analysis of the HWR survey data on older Māori alcohol use suggests there is a high prevalence of hazardous alcohol use occurring among older Māori, and this is influenced by gender, smoking status, social networks and age. Similarly, nearly 20% of the sample was found to be engaging in binge drinking and this was influenced by gender, smoking status, and Māori cultural identification. However, while these findings support the idea that alcohol use is influenced by a number of socio-demographic factors it presented a limited view of older Māori alcohol use because these findings could not explain the nature of these relationships nor how these socio-demographic factors operate within a Māori context of alcohol use. This chapter provides an overview of a social perspective of alcohol use by reviewing literature exploring the social context of alcohol use in general, among older people, and among indigenous people. The following chapter (Chapter five) then focuses specifically on a social perspective of Māori alcohol use. Together, these chapters provide a social framework of alcohol use.

Introduction

"Alcohol is not seen as a dangerous or even ambivalent product but rather a substance which…is embedded in the social and personal identities of the people who use and produce it"

(Gefou-Madianou, 1992, p 22).

The norms around alcohol use are inherently social; when and where we consume alcohol, the quantities and types of alcohol we consume, who we engage with and our expected outcomes of alcohol use are all determined by our social contexts; which are dynamic, fluid, and

complex (Borlagdan et al., 2010; SIRC 1998). Alcohol use is influenced by norms of cultural, social, gender, religious, ethnic, health, and political groupings (Beccaria & Sande, 2003; Cagney, 2006; Gefou-Madianou, 1992; Gordon, Heim & MacAskill, 2012; Heath, 2007; Oetting, Donnermeryer, Trimble & Beauvais, 1998; Preston & Goodfellow, 2006; Rehm et al., 1996). Heath (2007) and others (Cagney, 2006; Gordon et al., 2008; SIRC, 1998; Tolvanen, 1998) highlight alcohol's celebratory, social, relaxation, medicinal, and therapeutic functions. Alcohol reinforces group cohesion, integrates family and friends, promotes social solidarity, and works as a social lubricant (Beccaria & Sande, 2003; Cagney, 2006; Gordon et al., 2008; Gordon et al., 2012; Heath, 2007; Pavis, Cunningham-Burley & Amos, 1997; Preston & Goodfellow, 2006; Rehm et al., 1996).

Despite this social perspective, alcohol use is often described from a public health perspective that focuses on harms, hazardous drinking and epidemiological impacts (Borlagdan et al., 2010; Cagney, 2006; Heath, 2007; Jayne, Valentine & Holloway, 2010; Rehm et al., 1996; SIRC, 1998). An examination of binge drinking illustrates the variance between the two perspectives. Within public health, binge drinking is framed as problematic, harmful, and leading to negative health outcomes (Blazer & Wu, 2007; International Centre for Alcohol Policies [ICAP], 1997; Keane, 2009). Conversely, a social perspective frames binge drinking as a social activity, associated with traditional festivities and celebrations, and which has beneficial effects such as strengthening social cohesiveness among peers (ICAP, 1997; Keane, 2009). As Keane (2009) argues, acknowledging binge drinking as a harmful practice is undeniable within epidemiological research. However, there is a gap between public health understandings of binge drinking and the everyday, social perspectives of binge drinking. In turn, the social and sometimes pleasure based motivations of such alcohol use is often ignored within public health theorizing of alcohol use (Keane, 2009).

Exploring a social perspective of alcohol use is a necessary prerequisite for enhancing public health understandings of alcohol use and contributing to current understandings of the role

of alcohol use in everyday life. This chapter comprises three key sections. The first introduces a social perspective of alcohol use and draws on Oetting et al's. (1998) primary socialisation theory to illustrate how alcohol use is developed within broader social contexts. A macro level analysis of alcohol use is described, providing key insight into the broader social contexts of alcohol use at a population level, although, limitations are noted. The second section focuses on the social context of older peoples alcohol use by drawing on relevant research findings as well as considering the relationship between social networks, social support, and older people's alcohol use. Again however, limitations are noted, including the scarcity of available literature and limited understanding of how certain social factors work to influence older people's alcohol use. The third section explores the social context of indigenous peoples alcohol use. A brief historical overview of indigenous peoples alcohol use provides insight into the integration of alcohol into many indigenous societies. Then, contemporary alcohol use among indigenous peoples is explored. A predominant focus on problematic alcohol use in the literature is highlighted and the resultant misconceptions and stereotypes that exist about indigenous people's alcohol use. Again, limitations are noted including the narrow scope within which indigenous people's alcohol use is currently understood which highlights the need for further research to provide a more accurate and nuanced understanding of indigenous peoples alcohol use.

A social perspective of alcohol use: An overview

Alcohol use features in everyday life; it is a learned behaviour, determined by the values, attitudes, and norms within cultures and shaped by social environments (Cagney, 2006; Gordon et al., 2012; Jayne et al., 2010; Kim, 2009; Preston & Goodfellow, 2006; SIRC, 1998). Culture is a fluid concept, described as the "body of knowledge, attitudes, and skills for dealing with the physical and social environment which is passed on from one generation to the next" (Cagney, 2006, p 6). Oetting et al's, (1998) primary socialisation theory provides one way of understanding how social norms influence alcohol use. This theory maintains that social behaviours; such as alcohol use, are learnt and reinforced through socialisation which is rooted in

a person's social context (Oetting et al., 1998). In any given context, there are primary sources such as family, friends, school and peer clusters, and, secondary sources from media, community groups, and religious organisations that influence the development of learned behaviours. While this theory relates particularly to adolescents' development of social behaviour it highlights that behavioural norms and attitudes; such as those related to alcohol use, develop within specific social contexts (Oetting et al., 1998), and these may be better understood by applying a macro level of analysis, which attends to the broader social norms of alcohol use.

A macro level of analysis

Consideration of specific populations such as those within a country, belonging to a religious ideology, or, among men and women, provides a macro level understanding of the social context. The term 'alcohol use cultures' encompasses the concepts of 'wet' and 'dry' cultures at a country level analysis of alcohol use (Beccaria & Sande, 2003; Bloomfield, Stockwell, Gmel, & Rehm, 2003; Cagney, 2003; Gordon et al., 2012). Wet cultures, such as those in the European and Mediterranean countries of Poland, France, Italy, and Spain, typically have a high level of alcohol consumption and alcohol is a normal part of the socialisation process (Beccaria & Sande, 2003; Bloomfield et al., 2003; Heath, 1995). There are low rates of abstention, liberal attitudes towards alcohol use, and alcohol is widely available and accessible (Bloomfield et al., 2003). In contrast, dry cultures, such as those in Scandinavian countries, America, Canada, Egypt, Australia, and Aotearoa; generally have lower levels of alcohol consumption but tendencies to consume large quantities of alcohol in a single alcohol use occasion. Abstinence is more common, there are generally more restrictions on alcohol use, and it is not a usual part of socialisation (Ashour, 1995; Beccaria & Sande, 2003; Bloomfield et al., 2003; Cagney, 2006; Heath, 1995).

Alternatively, Pittman (1967) developed a model of four types of alcohol related cultures: abstinent, ambivalent, permissive, and over-permissive. In abstinent cultures such as Islamic, Hindu, and Ascetic Protestant religious cultures, alcohol use is largely prohibited and viewed

very negatively. Ambivalent cultures use alcohol in a conflicting manner because there are two major value systems at play in society. Permissive cultures such as in Spain, Italy, and Portugal view alcohol in a favourable manner but have strong etiquette around alcohol use practices such as accompanying alcohol with food. As a result, these cultures typically experience minimal alcohol related problems (Pittman, 1967). Over-permissive cultures are similar to permissive cultures in that attitudes to alcohol are favourable however; there are also deviant behaviours and problematic alcohol use occurring within these cultures. For example, wine is considered part of the daily meal and consumed regularly by many people in France. However, there is also a social acceptance of intoxication present in French society, which brings with it some deviant behaviour (Pittman, 1967).

Other social descriptors of alcohol use are based on a country's' national culture and identity (Saggers & Gray, 1998). For example, Sweden, the United Kingdom, and the United States are described as having 'temperance cultures' with a long history of labelling alcohol as the cause of many social issues and problems (Heath, 1995). Canada is understood to have a 'restrictive culture' although alcohol use has also been described as social and celebratory (Cagney, 2006; Cheung & Erikson, 1995; Saggers & Gray, 1998). Italy, Spain and France are described as having 'permissive cultures' characterised by high levels of alcohol use, positive associations with alcohol, and, where the socialisation of alcohol use often begins at a young age (Anderson, 1979; Cottino, 1995; Gamella, 1995; Gordon et al., 2008; Nahoum-Grappe, 1995). In contrast, Egypt has a culture of low consumption (Heath, 1995), and this is due to strict religious and cultural rules prohibiting it (Ashour, 1995).

Poland and Finland are described as 'spirit drinking cultures' due to the popularity of consuming distilled alcohol rather than fermented beverages (Heath, 1995; Saggers & Gray, 1998). Conversely, France, Chile, Spain, Portugal, and are described as having 'wine cultures' because wine is the primary alcoholic beverage consumed and is seen as part of everyday life (Heath, 1995; Saggers & Gray, 1998). Germany, Australia, and Nigeria are typically described

as having a ‘beer culture’ due to the high consumption of beer and its strong association with social activities (Heath, 1995; Oshodin, 1995; Saggers & Gray, 1998; Vogt, 1995).

More specifically, alcohol use in Australia is described as universal, normal, a pleasurable component of an ‘Australian way of living’, and, heavy alcohol use is common (Borlagdan et al., 2010; Cagney, 2006; Gordon et al., 2008; Lindsay et al., 2009; Shanahan, Wilkins & Hurt, 2002). In China, while alcohol use is common, there are specific rules around its use (Jiacheng, 1995; Singer, 1979). For example, it is not desirable to consume alcohol in: excess, secret, alone, or to the point of intoxication (Singer, 1979). Alcohol is often consumed alongside expressive arts such as song, dance, music and poetry because many Chinese people believe that alcohol stimulates the mind and motivates thoughts. Medicinal use and moral use is also common due to Chinese philosophical beliefs that alcohol may help shape a person’s destiny (Jiacheng, 1995).

Gefou-Madianou (1992), Heath (1987) and Driessen (1992) draw on religion within Jewish and Irish cultures to explain alcohol use and wider national alcohol identities. For example, Jewish people are generally considered to use alcohol moderately due to the cultural practices involving learning to use alcohol in the context of family and religious rituals. There is a check on heavy alcohol use then because ritualistic alcohol use is often controlled and moderated (Driessen, 1992). In contrast, there is no such ritual control among the Irish; who have a tendency to consume alcohol in bars and pubs (public house licenced to sell alcohol) in excessive quantities which is considered acceptable (Gefou-Madianou, 1992; Heath, 1987; Driessen, 1992). There are also particular stereotypes associated with national alcohol cultures. For example, the Irishman is considered a “humorous and boisterous drunk” whereas the Englishmen are a “moderate type of drinker” (O’Connor, 1978, p. 8).

Gender specific expectations and rules around alcohol use also contribute to an understanding of the social context of alcohol use (Borlagdan et al., 2010; Cheung & Erickson, 1995; Douglas, 1987; Gefou-Madianou, 1992; Gordon et al., 2012; Heath, 1995; Oetting et al.,

1998; Wilsnack, Wilsnack & Obot, 2005). In many countries, including Canada, China, France, Germany and Italy, it is more acceptable for men to use alcohol than it is for women (Bjeren, 1992; Cheung & Erickson, 1995; Cottino, 1995; de Visser & McDonnell, 2012; Driessen, 1992; Nahoum-Grappe, 1995; Vogt, 1995; Wilsnack et al., 2005), and research suggests that alcohol use is generally a male dominated practice (Bjeren, 1992; Driessen, 1992; Papagaroufali, 1992; Van Nieuwkerk, 1992). The widespread societal acceptance of alcohol use among men has meant that they typically consume more alcohol than women (Gefou-Madianou, 1992; Hall & Hunter, 1995; Hallgren, 2010; Gordon et al., 2012; Heath, 1995). Men are also more likely to binge drink and be chronic heavy drinkers when compared to women who are more likely to abstain from alcohol altogether (Cheung & Erickson, 1995; Gefou-Madianou, 1992; Hall & Hunter, 1995; Hallgren, 2010; Gordon et al., 2012; Heath, 1995; Saggers & Gray, 1998; Wilsnack et al., 2005).

There are also masculine and feminine connotations associated with consuming beer, binge drinking and public drunkenness which are often perceived as masculine behaviours (Day, Gough & McFadden, 2004; Heath, 1995; deVisser & McDonnell, 2012). In Australia, the United Kingdom and Aotearoa, alcohol use is related to masculine ideas of ‘mate ship’ or male bonding (Borlagdan et al., 2010; Cagney, 2006; Heath, 1995; Park, 1995; Willott & Lyons, 2012) and masculine stereotypes are perpetuated in European culture in Aotearoa, Australian, Mexican and Chilean cultures. For example, the ‘kiwi bloke’ in Aotearoa, the ‘hard drinking Aussie bloke’ in Australia, and the ‘macho man’ in Mexico and Chile are linked to images of men consuming alcohol (Borlagdan et al., 2010; Heath, 1995).

These broad and descriptive ideas about alcohol use cultures provide a macroscopic understanding of alcohol use and serves to highlight the variation in understandings of alcohol use across countries and populations. These alcohol use cultures also illustrate a social context of alcohol use because they provide insight into how certain groups of people understand and subsequently use alcohol in their everyday lives.

i] Alcohol use in Aotearoa

There is a long history of heavy alcohol use in Aotearoa attributable to a combination of the political environment, the heavy and public alcohol use behaviours of European male colonialists, and government legislation (Cagney, 2006; McEwan, Campbell & Swain, 2010; Meiklejohn, 2010; Routledge, 1988). For example, in the 1870s the temperance movement began which included huge public debate and campaigning for prohibition (Phillips, 1996; Saggers & Gray, 1998). The movement challenged concepts of manhood among colonialist men because it confronted their widespread behaviour of public drunkenness and regular heavy alcohol use (Phillips, 1996). During the early 1900s, prohibition was still being sought by many and alcohol use was regarded as a serious social problem in Aotearoa (Phillips, 1996). This lead to a number of restrictions on alcohol use including the 6 o'clock closing of pubs which began during World War one in 1917 (Cagney, 2006; Phillips, 1996; McEwan et al., 2010). While the aim was to restrict alcohol use, what resulted was the '6 o'clock swill' phenomena, where men attempted to drink as much beer as possible before the pub closed for the evening (Cagney, 2006; McEwan et al., 2010), thus aiding in the continuation of heavy and binge drinking alcohol use patterns in Aotearoa.

As indicated above, alcohol use in Aotearoa has traditionally been associated with masculinity and images of the Pākehā (New Zealander of European descent) male (Cagney, 2006; Lyons & Willott, 2008; McEwan et al., 2010; Meiklejohn, 2010; Park, 1995). The 'man infatuated with rugby, racing, and beer', the 'man who can hold his liquor', or the 'man who knows his wine' are examples of such imagery associated with Pākehā men (McEwan et al., 2010; Park, 1995; Phillips, 1996). Some of this imagery stems from colonial times when frontier workers lived away from town and, upon receiving their wages, would go to town and binge drink. This pattern of alcohol use constructed the image of the 'hard working and hard drinking colonialist' that was prevalent until the mid-20th century (Cagney, 2006; McEwan et al., 2010; Park, 1995; Phillips, 1996). In particular, the pub has served as a male dominated space for

alcohol use, where men spend their leisure time and display their 'manliness', male power and legitimacy (Cagney, 2006; Campbell, 2000; Willott & Lyons, 2012). In contrast, women were primarily responsible for the domestic sphere or home setting where there was an expectation that they maintained sobriety, purity and nurturing behaviours and values (Banwell, 1991a; Douglas, 1987; Park, 1995). Thus, alcohol use among women was not encouraged and in order to be seen as a 'good' woman there was an expectation that abstention from alcohol would occur (Banwell, 1991a; Douglas, 1987; Meiklejohn, 2010; Park, 1995).

In 1967, when 6 o'clock closing of pubs ceased, changes to gendered expectations of alcohol use occurred. Women began to visit the pub which subsequently changed to become more inviting for women to consume alcohol there (Phillips, 1996). Wine also became increasingly popular for men and women which not only challenged masculine stereotypes of beer drinking men but also lead to more frequent alcohol use among women (Banwell, 1991a; McEwan et al., 2010; Park, 1995). In contemporary Aotearoa, alcohol use among women has increased both in frequency and in quantity, with the emergence of binge drinking among women becoming more prevalent (Cagney, 2006; Lyons and Willott, 2008; McEwan et al., 2010; Meiklejohn, 2010).

Contemporary Aotearoa is regarded as having a liberal alcohol environment where alcohol use is widely accepted (Cagney, 2006; de Bonnaire, McMillen, Kalafatelis, & BRC Marketing & Social Research, 2004; Lyons & Willott, 2008; McEwan et al., 2013; Park, 1995). For many, alcohol is considered a part of everyday and 'normal' life (Cagney, 2006; de Bonnaire et al., 2004; Lyons & Willott, 2008) and is commonly used to facilitate social interactions, is viewed as a symbol of hospitality and an important marker in celebratory events (Cagney, 2006; de Bonnaire et al., 2004). Research suggests that binge drinking is considered part of the culture in Aotearoa (Cagney, 2006; Gray, Gordon & Newcombe, 2015), that in general, people living in Aotearoa are not concerned about the health effects of alcohol use and there is a general reluctance to limit alcohol use (Aitken, 2015; Lyons & Willott, 2008).

Current alcohol legislation seeks to prevent, control, and reduce alcohol related harm, arguably in response to Aotearoa' 'culture of intoxication' (Measham, 2006). This culture developed in response to the liberal alcohol laws which fostered a night-time, alcohol based, leisure economy in many urban centres (Cagney, 2006; McEwan et al., 2010). Characterised by heavy alcohol use and minimal social shame experienced by intoxicated individuals, this culture is argued to be socially sanctioned and viewed as acceptable and enjoyable (Lyons & Willott; 2008; McEwan et al., 2010; Measham, 2006; Meiklejohn, 2010).

Limitations

Explaining alcohol use through concepts such as 'wet' and 'dry' cultures, Pittman's model of alcohol related cultures, and other terms based on religion, gender and country specific cultures, provides a useful starting point for broadly categorising alcohol use across populations and can be helpful for the general contextualisation of social contexts of alcohol. However, caution must be applied to a macro level of analysis due to the limited appreciation of diversity of alcohol use within and across cultures in any given population (Bloomfield et al., 2003; Gordon et al., 2012; O'Connor, 1978). Indigenous and minority groups may view and use alcohol differently and this is not often captured in discussions about alcohol cultures at a macro level.

In addition, these concepts are not entirely relevant in contemporary societies because alcohol cultures are merging across countries (Beccaria & Sande, 2003; Cagney, 2006; Gordon et al., 2012). In particular, gender differences are decreasing in many societies as gender roles converge and realign allowing women more freedom, equality, and access to public drinking spaces (Gordon et al., 2008; Gordon et al., 2012; Wilsnack et al., 2005). This has seen an increase in alcohol use among women which more closely reflects men's alcohol use (Day et al., 2004; deVisser & McDonnell, 2012; Wilsnack et al., 2005). These limitations highlight the need to consider the diversity and changing nature of alcohol use cultures to gain a clearer and more accurate understanding of the social context of alcohol use.

The social context of alcohol use among older people

Older people do not comprise a homogenous group and defining them can be difficult (Ward, Barnes, & Gahagan, 2011). For example, within the alcohol use literature older people have been described as those in their mid-50s to late 80s (Ward et al., 2011), those aged: 65-74 years old (Dare, Wilkinson, Allsop, Waters & McHale, 2014), and, those aged 65 years and over (Hodges & Maskill, 2014a). However, for the purpose of this review, older people are generally understood as those aged 60 years and over, which is in line with the United Nations definition of the older population (World Health Organisation, 2014).

Research suggests that older people view alcohol use as part of their everyday social life, in a largely positive and convivial manner, and, as a source of enjoyment, relaxation and leisure (Aitken, 2015; Dare et al., 2014; Grønkjær, Curtis, de Crespigny & Delmar, 2011; Immonen, Valvanne, Pitkälä, 2011; Kim, 2009; Tolvanen, 1998; Ward et al., 2011). For example, in Australia, older people viewed alcohol use as social, fun and a way of relaxing (Dare et al., 2014). In Aotearoa, older people used alcohol for socialising purposes and, to help them relax and unwind (Aitken, 2015).

Further, research shows that older people describe consuming alcohol for social reasons, special occasions, fun and enjoyment, to celebrate, to accompany meals, for relaxation and health purposes (Aira, Kartikainen & Sulkava, 2008; Aitken, 2015; Health Promotion Agency, 2016; Hodges & Maskill, 2014a; Immonen et al., 2011; Khan, Wilkinson & Keeling, 2006; Kim, 2009; Tolvanen, 1998; Ward et al., 2011). Reasons for decreasing their alcohol use include: being hospitalised, the onset of chronic pain or health conditions, having more involvement in social activities that do not involve alcohol use, and the unaffordability of alcohol (Hodges & Maskill, 2014a; Khan et al., 2006; Perreira & Sloan, 2001). Older people also increase their alcohol use in response to stressors, financial strain, loss, loneliness, anxiety or depression and, as an alternative to smoking (Åkerlind, & Hörnquist, 1992; Bonin, McCreary & Sadava, 2000; Health Promotion Agency, 2016; Hodges & Maskill, 2014a; Immonen et al., 2011; Khan et al.,

2006; Perreira & Sloan, 2001; Resnick et al., 2003; Shaw, Agahi & Krause, 2011; Van den Berg, Van den Brink, Kist, Hermes & Kok, 2015; Ward et al., 2011). Several factors increase or decrease their alcohol use including broader health concerns such as dealing with illness or disability, marriage or divorce, retirement, and the influence of family and friends (Åkerlind & Hörnquist, 1992; Health Promotion Agency, 2016; Bonin et al., 2000; Hallgren, 2010; Immonen et al., 2011; Khan et al., 2006; Kuerbis & Sacco, 2012; Perreira & Sloan, 2001; Van den Berg et al., 2015; Wang, Steier & Gallo, 2014).

Older people's understanding of their alcohol use

Older people position themselves in specific and moralistic ways when talking about their alcohol use. Banwell (1991b) believes morals about alcohol use are informed by social contexts (Banwell, 1991b). Her research with women in Aotearoa revealed 'good' drinkers were those whose drinking was described as 'light', 'occasional', 'careful', and 'moderate'; all of which had positive connotations associated to them. In contrast, 'bad' drinkers were described as 'heavy drinkers', 'binge drinkers', and 'alcoholics' who do not conform to the social norms of alcohol use and had negative connotations associated to them (Banwell, 1991a).

Similarly, Tolvanen (1998) explored older people's talk about their alcohol use in Finland. Participants positioned themselves as moderate drinkers who are good and decent people. Conversely, they described 'other' drinkers as 'bad', or who drank hazardously. These 'others' were considered to be part of a social problem and health risk, highlighting older people's awareness of the negative aspects of alcohol use but not attributing this to their own alcohol use (Tolvanen, 1998). Tolvanen & Jylhä (2005) build on this in their study on alcohol perceptions among older Finnish people. In this study, participants acknowledge the relationship between health and alcohol. They view themselves as decent people who drink moderately and who take responsibility for their health. In contrast, they described 'others' as those who drink 'badly' or heavily (Tolvanen & Jylhä, 2005).

Wilson et al. (2013), explored older people's reasoning about alcohol use in later life and found that participants resisted being positioned as problem drinkers and instead, describing 'others' as problematic drinkers. Those who felt they had been a problem drinker in the past were careful to explain that this was a negative aspect of their former self thus working to distance themselves from being viewed as a problem drinker. Aitken's (2015) research investigating alcohol use among older people in Aotearoa also found that participants sought to position themselves as good and moderate alcohol users and, while acknowledging the negative effects of alcohol use, did not identify themselves as those who experienced such negative effects as a result of their alcohol use. Rather it was younger people or 'other' drinkers who were described as 'bad' or uncontrolled in their use (Aitken, 2015). These examples highlight the morality and values associated with alcohol use among older people.

The values associated with alcohol use are also illustrated by Grønkjær et al. (2011) who explored the cultural norms of alcohol use across varying age groups in Denmark. Alcohol use was viewed as normal if people were thought to be in control of it. Despite many participants consuming alcohol above the recommended levels for low risk to health, they did not perceive their alcohol use as problematic, suggesting that decisions about alcohol use were not dictated by the health impact of alcohol. Similarly, Wilson et al. (2013) found that older people would consider consuming less alcohol if they thought they had impaired health. However, heavy alcohol use was considered normal if someone had relatively good wellbeing in later life and participants were sceptical about the 'overkill' of health messages around limiting alcohol (Wilson et al., 2013). These examples suggest that knowledge of alcohol related health outcomes, do not necessarily influence older people's decisions about their alcohol use.

This may be due to alcohol use habits being developed over a person's lifetime (Health Promotion Agency, 2016), and, specific age cohorts may have particular social norms and expectations about alcohol use (Rao, 2016). Thus, irrespective of factors influencing alcohol use in older age, e.g. health reasons, there may be particular societal, political, and cultural agendas

throughout history, which explain older people's alcohol use. For example, Tolvanen & Jylhä (2005) found that the historical temperance movement indirectly influenced current alcohol use and perceptions of alcohol use in general among older people in Finland because it drew on notions of 'good femininity' and what it meant to be a 'good' woman. That is, during the temperance movement, women were seen as a moral mainstay within their families and therefore had a 'duty' to protect from alcohol, which was seen as detrimental to families at that time. This in turn influenced women's own alcohol use as well as their attitudes and beliefs about alcohol use in society.

More generally, it has been argued that the current 'baby boomers' cohort of older people around the world may consume more than previous older age groups because they have experienced greater lenience towards hedonistic lifestyles (Aitken, 2015; Rao, 2016; Resnick et al., 2003). This cohort typically has more liberal alcohol attitudes, they view alcohol use as socially acceptable and regular alcohol use is more likely to be part of their daily routine (Rao, 2016; Resnick et al., 2003). This is the case among older people in Aotearoa which is a suggested reason for the hazardous alcohol use observed in older age (Hodges & Maskill, 2014a). Aitken (2015) further suggests that older people's hazardous alcohol use may be partly explained by the influence of the 'six o'clock swill' era, which promoted heavy alcohol use and was present during much of the younger adult lives of older people.

Social networks, social support and alcohol use

Social networks have been found to influence alcohol use in the general population (Åkerlind & Hörnquist, 1992; Beccaria & Sande, 2003; Manton, Pennay & Savic, 2014; Meiklejohn, 2010; Rehm et al., 1996; Rosenquist, Murabito, Fowler & Christakis, 2010), among older people (Berkman, 2000; Cutrona, Russell & Rose, 1986; Dare et al., 2014; Rehm et al., 1996; Rosenquist et al., 2010; Van den Berg et al., 2015) and in the development of alcohol use patterns over time (Dare et al., 2014; Manton et al., 2014; Rosenquist et al., 2010). Social networks are understood as the collection of ties that people maintain with others in varying

contexts. Social support; both emotional (subjective) and instrumental (practical), is often provided through a person's social network and is therefore a function of social networks (Kumar & Oakley-Browne, 2008; Litwin, 2001; Stephens & Noone, 2008). Berkman, Glass, Brissette & Seeman's (2000) sequential model illustrates the relationship between social networks, social support and health. In this model, social networks are embedded in the social context with upstream factors such as culture, socioeconomic factors, politics and social change influencing network structures and the characteristics of social networks. These upstream factors also influence downstream factors, which include social support provision, social influence, engagement and attachment, and access to resources and material goods. Downstream factors subsequently influence individual behaviours such as alcohol use, smoking, and mental and physical health outcomes (Berkman et al., 2000).

Research shows that people with strong social networks and high levels of social support are less likely to be using alcohol heavily or hazardously (Åkerlind & Hörnquist, 1992; Deindl, Brandt & Hank, 2016; Rosenquist et al., 2010; Stevenson et al., 2015; Van den Berg et al., 2015). Litwin (1995) suggests that the protective nature of social networks stems from the notion that they provide individuals with a sense of identity, cognitive guidance and orientation as well as practical assistance for tangible tasks. Conversely, the first study in this thesis found a significant and positive relationship between types of social networks and hazardous alcohol use among older Māori. Those who belonged to more private, self-contained networks were more likely to engage in hazardous use, whereas individuals with close relationships to friends, local family, and neighbours were not likely to report hazardous alcohol use. Other researchers (e.g. Hanson, 1994; Manton et al., 2014; Van den Berg et al., 2015) support this, with findings showing that those with minimal social networks and social support are more likely to be using alcohol hazardously, or, are at risk of harmful alcohol use (Åkerlind & Hörnquist, 1992; Hanson, 1994). Stephens and Noone (2008) argue that feelings of isolation and loneliness are risk factors

for problematic alcohol use and may relate to a perceived lack of support and minimal social networks.

Social support may also act as a moderating variable for alcohol use by providing a buffering role between factors that promote hazardous alcohol use such as stress and hardship, and subsequent alcohol use (Kumar & Oakley-Browne, 2008; Peirce et al., 1996). Further, there appears to be a bidirectional relationship between alcohol use and social networks. Dare et al. (2014) for example, explored factors influencing alcohol use among older people in Western Australia living in either private residences or retirement villages. There was a two way relationship observed between frequency of opportunities for social engagement among older people and alcohol use. Despite research showing a clear link between social networks, social support and alcohol use there are limitations with much of it being descriptive and therefore lacking insight around how social networks actually work to support health, and alcohol use in particular (Cutrona & Troutman, 1986; Rehm et al., 1996; Rosenquist et al., 2010; Stevenson et al., 2015). In addition, the direction and nature of the relationship between social networks and alcohol use is not well-understood (Dare et al., 2014; Hanson, 1994; Rosenquist et al., 2010).

Limitations

While this overview provides insight into the social context of alcohol use among older people, there are notable limitations. In particular, there is a scarcity of literature exploring the social context of older people's alcohol use both internationally (Dare et al., 2014; Heath, 2007; O'Connor, 1978; Ward et al., 2011) and in Aotearoa (Aitken, 2015; Hodges & Maskill, 2014a; Khan et al., 2006; Stevenson et al., 2015). In addition, while research shows a clear link between social networks, social support, and alcohol use this relationship is complex and further research is needed to provide a more detailed understanding of the interplay between social networks, social support, and alcohol use. As a result of these limitations, the social context of alcohol use among older people is an area that is not well understood (Dare et al., 2014; Heath, 2007; O'Connor, 1978; Preston & Goodfellow, 2006; Ward et al., 2011).

The social context of alcohol use among indigenous people

Many indigenous populations had little or no exposure to alcoholic beverages prior to colonisation including: Māori in Aotearoa (Brady, 2000; Saggers & Gray, 1998; Wilson, Stearne, Gray & Saggers, 2010), Aboriginal peoples in Canada (Brave Heart, 2004; Cheung & Erickson, 1995; Saggers & Gray, 1998), Australia (Brady, 2000; Hall & Hunter, 1995; Saggers & Gray, 1998), the Pacific Islands (Lemert, 1979), and Native American tribes in the United States, including the Lakota people and the Mandan, Hidatsa and Arikara peoples in North America (Beauchamp, 2004; Brady, 2000; Frank, Moore & Ames, 2000; Hanson, 1994; Marshall, 1979). Conversely, some indigenous peoples made and used their own alcohol, prior to settler contact. In Chile for example, a variety of homebrews; collectively known as chicha, were made by the indigenous Picunche, Huilliche, Pehuenche and Mapuche peoples (Cardenas, 1995). Several Native American tribes in the South West were also known to have alcoholic beverages prior to European arrival in the 1600s (Hanson, 1995). In Australia, some Aboriginal peoples were believed to use psychoactive substances, although not necessarily alcoholic in nature, prior to European settlement (Hall & Hunter, 1995). Similarly, kava; a non-alcoholic, mood altering substance made from the roots and stems of the piper methysticum plant, was consumed by indigenous people in many of the Pacific Islands prior to European contact (Ministry of Health, 1997).

When colonial settlers introduced alcohol to indigenous groups who had no prior exposure, it was often met with resistance (Awatere, Casswell, Cullen, Gilmore, & Kupenga, 1984; Beauchamp, 2004; Frank et al., 2000; Gossage, Alexius, Monaghan-Geernaert & May, 2004; Lemert, 1979; Saggers & Gray, 1998). Despite this initial resistance, alcohol was repeatedly used as a means of exchange by colonial settlers (Beauchamp, 2004; Frank et al., 2000; Saggers & Gray, 1998; Sargent, 1983). For example, in fur trading with the indigenous peoples in Canada (Beauchamp, 2004; Saggers & Gray, 1998), in exchange for sex and labour among Aboriginal women in Australia, and, for labour and agricultural products among Māori in

Aotearoa (Cagney, 2006; Saggers & Gray, 1998; Sargent, 1983). The trading of alcohol by colonialists is argued to have led to the widespread integration of alcohol into indigenous societies (Beauchamp, 2004; Cagney, 2006; Saggers & Gray, 1998; Sargent, 1983).

Problematic framing of Indigenous people's alcohol use

In contemporary society, indigenous people's alcohol use around the world is often framed in the context of problem alcohol use and associated harm (Bjerregaard, Young, Dewailly, & Ebbesson, 2004; Byron, 1996; Durie, 2004; Gray, Pulver, Saggers, & Waldon, 2006; Heath, 1995; Hunter, 1993; Lemert, 1979; Lurie, 1979; Room et al., 1984; Saggers & Gray, 1998; Seale, Shellenberger, Rodriguez, Seale, & Alvarado, 2002). In turn, problematic alcohol use is routinely drawn on to explain the negative impact/s alcohol has on indigenous people's health and wellbeing (Awatere et al., 1984; Bjerregaard et al., 2004; Brave Heart, 2004; Byron, 1996; Durie, 2004; Gossage et al., 2004; Gray et al., 2006; Hudson, 2011; Hunter, 1993; Hutt, 1999; Room et al., 1985; Saggers & Gray, 1998; Seale et al., 2002).

Further, there has been much theorising about the causal reasons for problematic alcohol use among indigenous peoples which include the effects of colonisation and the influence of European settlers (Frank et al., 2000; Hudson, 2011; Marie, Fergusson, & Boden, 2012; Nebelkopf & Phillips, 2004; Saggers & Gray, 1998). Such theorising constructs problematic alcohol use as a coping or escaping mechanism among indigenous peoples (Albrecht, 1974; Bain, 1974; Beauchamp, 2004; Cagney, 2006; Gray et al., 2006; Hudson, 2011; Hunter, 1993; Larsen, 1979; MacLachlan, 2015; Madsen & Madsen, 1979; Marie et al., 2012; Saggers & Gray, 1998; Wilson et al., 2010). Heavy and binge drinking alcohol use by European settler's is also argued to have influenced the development of similar and problematic alcohol use practices among indigenous peoples who had no established rules for ensuring safe alcohol use practices and therefore modelled the antisocial and problematic alcohol use behaviours they observed (Albrecht, 1974; Brady, 2000; Frank et al., 2000; Hudson, 2011; Hunter 1993; Saggers & Gray, 1998; Seale et al., 2002).

Discriminatory legislation used by some colonial governments throughout history, (e.g. Aotearoa, Canada and Australia), which sought to prohibit and control indigenous peoples alcohol use is understood to have contributed to problematic alcohol use among indigenous people (Albrecht, 1974; Brady, 2000; Frank et al., 2000; Hudson, 2011; Hunter, 1993; Hutt, 1999; Saggers & Gray, 1998). Often under the guise of 'protecting' indigenous people's health and wellbeing, such legislation was viewed among indigenous people as discriminatory because it lacked acknowledgment of their citizenship, and implied a sense of inferiority through the provision of separate standards or rules for indigenous peoples alcohol use only (Bain, 1974; Brady, 2000; Cagney, 2006; Eggleston, 1974; Hall & Hunter, 1995; Hunter, 1993). Such legislation led to the framing of their alcohol use as different and more problematic when compared to non-indigenous people's alcohol use which was socially sanctioned by the government (Eggleston, 1974).

As these examples illustrate, there has been much investigation into the causal factors of problematic alcohol use among indigenous peoples. In contrast, there has been little focus on the everyday and unproblematic use of alcohol among indigenous peoples (Seale et al., 2002; Sargent, 1983; Spicer, Novins, Mitchell, & Beals, 2003), and little exploration of indigenous people's own reasoning for their alcohol use and the functions alcohol may serve within an indigenous context.

Stereotypes and misconceptions

Another concern is that socially acceptable alcohol norms and behaviours are often determined by dominant, western cultures and then applied to explanations of indigenous alcohol use. This not only results in biased and disparate ideas between indigenous and Western cultures about acceptable alcohol use practices, but also contributes to the dominant framing of indigenous peoples alcohol use as problematic (Cagney, 2006; Hall & Hunter, 1995; Hudson, 2011; Hunter, 1993; Lemert, 1979; Maynard, Wright & Brown, 2013; Sargeant, 1983; Spicer et al., 2003). For example in Tahiti, French authorities raised concerns about indigenous Tahitian

people's alcohol use, in particular, their spending the majority of their income on alcohol rather than on housing and material self-improvement, which were deemed more important by the French. However, indigenous Tahitian people do not value material possessions in the same way as the French. Rather, many view alcohol as an indulgent pleasure and a reward for working and earning an income (Lemert, 1979). Lemert (1979) thus challenges the French views of this as problematic alcohol use, questioning "whose hierarchies are being invoked?" (p. 199).

Biases in the reporting of indigenous people's alcohol use have also been identified (Cagney, 2006; Sargent, 1983; Seale et al., 2002; Spicer et al., 2003). For example, research shows that indigenous people consume alcohol for similar reasons as non-indigenous people; to be social, in celebration of an occasion and for enjoyment (Cagney, 2006; Madsen & Madsen, 1979; Seale et al., 2002; Spicer et al., 2003). However, these reasons are viewed as contributing to problematic alcohol use in indigenous populations, but not when the population is non-indigenous (Cagney, 2006; Seale et al., 2002; Spicer et al., 2003). Such biases have led to the development of misconceptions that indigenous people misuse alcohol simply because they do not conform to western ideas of acceptable alcohol use (Byron, 1996; Hall and Hunter, 1995; Hudson, 2011; Hunter, 1993; Larsen, 1979; May, 1996; Spicer et al., 2003; Westermeyer, 1979; Whitbeck, Chen, Hoyt, & Adams, 2004).

These misconceptions have contributed to a number of negative stereotypes among non-indigenous people that indigenous people's alcohol use is inevitably bad, hazardous and/or has detrimental social and health effects (Byron, 1996; Honigmann, 1979; Hunter, 1993; Lurie, 1979; Saggers & Gray, 1998). For example, the public nature of alcohol use among many Aboriginal peoples in Australia is understood to have contributed to the stereotype that 'all Aborigines are hopeless drunks' which draws on the misconception that heavy alcohol use is universal among Aboriginal peoples (Hall and Hunter, 1995; Hudson, 2011; Larsen, 1979). Similarly, the 'drunken Indian' stereotype which draws on misconceptions that Native American and indigenous peoples of Canada binge drink regularly, become intoxicated after a relatively

small amount of alcohol, engages in group or 'party' style alcohol use and will continue to purchase alcohol until there is no money left, is common and deeply entrenched in many non-indigenous peoples mind sets (Byron, 1996; Hanson, 1995; May, 1996; Spicer et al., 2003; Westermeyer, 1979; Whitbeck et al., 2004). Despite a stated lack of empirical data to support such stereotypes (e.g. May, 1996; Spicer et al., 2003), and others who highlight the diversity of alcohol use among indigenous populations (e.g. Byron 1996; Hanson, 1995; Hunter, 1993; Seale et al., 2002; Spicer et al., 2003; Westermeyer, 1979), these misconceptions and stereotypes persist and further contribute to the problematising of indigenous people's alcohol use.

Limitations

While this overview provides some insight into current understandings of indigenous people's alcohol use, the prevailing focus on problematic alcohol use, the biases in the reporting of indigenous people's alcohol use and the presence of a number of stereotypes and misconceptions has meant that ideas about indigenous people's alcohol use is only understood within a narrow scope of problematised alcohol use. While it is important to acknowledge the issue of problematic alcohol use and its destructive impact on indigenous societies, this must not be overgeneralised nor at the expense of ignoring other key aspects, such as the normal, unproblematic and social components of alcohol use. Research that explores indigenous perspectives of their alcohol use is necessary to provide a more nuanced understanding of the social context of alcohol use among indigenous people.

Conclusion

This review examines what is known about the social context of alcohol use in general, among older people and among indigenous people as well as identifying key issues in the literature. For example, a macro level analysis is useful for understanding alcohol use at the population level. However, little attention has been paid to the diversity within and across populations, meaning indigenous and minority people's alcohol use is not distinguished from

that of the majority population. Further, with the convergence of alcohol use cultures across countries a macro-level analysis may not be entirely relevant in contemporary society. Attention must be paid to the diversity and changing nature of alcohol use cultures within and across populations, namely indigenous and minority alcohol use cultures to gain a clearer and more accurate understanding of social contexts of alcohol use.

Among older people, research highlights the multiple reasons for, and functions of, alcohol use. Further, older people position themselves in particular ways when describing their alcohol use, and, research suggests that health concerns seem to have minimal influence on the choices that older people make about their alcohol use and this may be due to age specific cohort factors. Research also shows a clear link between social networks, social support, and alcohol use among older people but the complex nature of this relationship is largely unknown. While this provides a good starting point to understanding some of the social components of older people's alcohol use, there is a general scarcity of literature. Thus, conclusions are difficult to make and it is recommended that more in-depth investigation is needed to understand the complex personal, social and cultural factors that may influence alcohol use in older people's lives.

The overview on indigenous peoples alcohol use highlights a predominant focus on problematic alcohol use within existing literature. This focus has resulted in a number of misconceptions and stereotypes about indigenous people's alcohol use. Further, little is known about the everyday social context of alcohol use among indigenous peoples. While it is acknowledged that alcohol has had devastating impacts on the health and wellbeing of indigenous people around the world, attention must be paid to indigenous perspectives of alcohol use, the diversity of indigenous people's alcohol use and the broader social context in which indigenous people's alcohol use is located. In doing so, a more nuanced understanding of alcohol use among indigenous peoples may develop.

Chapter five

A social perspective of Māori alcohol use: Reviewing the literature

Alcohol use among Māori is generally considered a 'normal' and social aspect of everyday life, although not integral within Māori culture and society (Awatere et al., 1984; Cagney, 2006; Durie, 2004; Te Puni Kokiri (TPK) & Kaunihera Whakatupato Waipiro O Aotearoa (KWWA), 1995). Further, it is widely acknowledged that alcohol has had deleterious effects on the health and wellbeing of Māori (Bramley et al., 2003; Connor, Kydd, Shield & Rehm, 2015; Durie, 2004; Dyall et al., 2014; Ministry of Health, 2013; 2016; Moewaka Barnes et al., 2003; Saggers & Gray, 1998). This chapter builds on the previous by reviewing the literature on the social context of Māori alcohol use in order to provide a social framework of alcohol use.

Beginning with a history of Māori alcohol use, this section highlights the introduction of alcohol by Pākehā settlers, and subsequent incorporation into Māori society. Presented are some of the general trends of alcohol use throughout the 1800-1900s including ongoing Māori responses seeking to control access and impacts of alcohol. I also outline Crown legislative attempts to control alcohol and some of the issues accompanying this. This history of Māori alcohol use provides a context for understanding contemporary Māori alcohol use, which is discussed in the second section. Included here is consideration of social factors thought to influence Māori alcohol use such as social networks and the role of whānau, cultural identity, and, physical locations of alcohol use. Then, some possible social influences on older Māori alcohol use are discussed. However, in general, there is a paucity of research exploring the social context of Māori alcohol use, especially among older Māori, which limits understandings of the social context of Māori alcohol use and suggestions for future research are provided.

In line with Māori centred research, I did not wish to compare or contrast Māori experiences and understandings of alcohol use with other groups in the population. Therefore, as much as possible, I have drawn on literature providing insight into Māori alcohol use only. Notable exceptions include discussion on the influence of social networks and cultural identity on alcohol use. Due to a dearth of published research exploring these relationships among Māori, I draw on research among other populations to provide a more comprehensive overview of the complexities of these relationships. This chapter, along with the previous, contextualises the second and third studies in this thesis, which explore the social context of older Māori alcohol use.

A history of alcohol use among Māori

> *Māori did not escape the worldwide pattern of alcohol usage that has plagued indigenous people in the wake of Western colonisation.*
>
> (Durie, 2004, p. 125).

Alcohol use among Māori in Aotearoa is fundamentally linked to colonial history from its introduction by Pākehā settlers (Awatere et al., 1984; Hutt, 1999; Park, 1995; Saggers & Gray, 1998; TPK & KWWA, 1995; Walker, 1990), to the undeniable and negative effects it has had on Māori health and wellbeing (Durie, 2004; Dyall et al., 2014; Marie et al., 2012; Moewaka Barnes et al., 2003). However, initially Māori had a strong aversion to alcohol, referring to it as 'waipiro'; foul and stinking water (Awatere et al., 1984; Mancall, Robertson & Huriwai, 2000; Park, 1995; Saggers & Gray, 1998; TPK & KWWA, 1995; Walker, 1990). Instead, it was only a small number of Māori who had ongoing contact with European ships, mainly in the Bay of Islands, who engaged in some alcohol use in the 1820s-1830s. Meanwhile, Pākehā were the more prolific drinkers at that time (Awatere et al., 1984; Hutt, 1999; Mancall et al., 2000; Park, 1995; Walker, 1990). Indeed, Hutt (1999) describes the observed drunkenness in the 1830s as "a major social characteristic of the young British colony" (p. 13).

In the 1830s-1840s, Māori leaders began responding to increasing colonial settler presence in Māori society (Walker, 1984). Perhaps one of the earliest expressions of Māori agency seeking to control alcohol in Māori society occurred in 1835 when a group of rangatira (Māori chiefs or leaders) in Hokianga; te Tai Tokerau, agreed to drive prohibition of alcohol in their area, thus paving the way for Māori led prohibition initiatives (Fleras, 1981). By 1840 many rangatira, especially those in te Tai Tokerau, had expressed concerns about the extent and effects of alcohol use observed among both Māori and Pākehā (Awatere et al., 1984; Hutt, 1999; Saggers & Gray, 1998). Of particular concern was the use of alcohol by Pākehā to facilitate the process of land alienation among Māori (Hutt, 1999; McDowell, 2015; Saggers & Gray, 1998; TPK & KWWA, 1995). Examples include Pākehā 'gifting' alcohol to Māori who, unbeknown to them, would be expected to repay this 'gift'; consequently a debt, which was often done through forcibly selling or confiscating Māori land. In addition, agreements being made with Māori landowners for rent to be paid in alcohol and, Pākehā land agents encouraging alcohol use by Māori land owners to facilitate the sales of their land (Awatere et al., 1984; Hutt, 1999; McDowell, 2015; TPK & KWWA, 1995). The use of alcohol to support Māori land sales, combined with court processes which often worked against Māori landowners resulted in significant Māori land loss in the 1800s (Awatere et al., 1984; Ebbett & Clarke, 2010; Mancall et al., 2000; McDowell, 2015; TPK & KWWA, 1995; Walker, 1984).

Meanwhile, alcohol was steadily incorporated into Māori social life in the 1840s, suggesting a gradual change in the social norms of alcohol use among Māori. However, heavy alcohol use was still predominantly a feature among Pākehā, as were the majority of alcohol related offenses (Awatere et al., 1984; Hutt, 1999; Robertson, Huriwai, Potiki, Friend, & Durie, 2002; TPK & KWWA, 1995). Interestingly, some Māori, including those in the township of Otaki, were known to have initiated their own regulation of total abstinence in their communities until as late as the 1850s (Awatere et al., 1984; Hutt, 1999). In 1847, and in response to Māori concerns about alcohol, Governor Grey introduced the Sale of Spirits to Natives Ordinance Act

[1847], which prohibited Māori from buying and selling alcohol (Awatere et al., 1984; Durie, 2004; Hutt, 1999; Mataira, 1987; Mancall et al., 2000; McDowell, 2015; TPK & KWWA, 1995). This legislation was couched as 'paternalistic' by the Crown however many Māori viewed it as discriminatory because while Māori chiefs had expressed a desire to control alcohol use, their intent was to include everyone, not just Māori. Further, this Act granted Pākehā sole control over the distribution and use of alcohol thereby minimising the collective ability of Māori to develop successful ways of dealing with the impact of alcohol in their communities (Awatere et al., 1984; Hutt, 1999; Mancall et al., 2000; Mataira, 1987; McDowell, 2015; TPK & KWWA, 1995). Such legislation suggests that while the Crown acknowledged the issues associated with alcohol they viewed these issues as Māori issues rather than as widespread societal issues in Aotearoa.

From the 1850s-1860s, the number of Māori led initiatives seeking to restrict alcohol use increased as the negative consequences of alcohol became more widely recognised. Many such initiatives were led by rangatira and rūnanga (tribal council), highlighting the ongoing quest among Māori for tino rangatiratanga (self-determination) (Walker, 1984). For example, towards the end of the 1850s in te rohe Pōtae (the King Country), King Pōtatau Te Wherowhero [the first Māori king] initiated what eventually became the Māori wardens scheme (Fleras, 1981). He appointed wātene Māori (Māori wardens) to be responsible for preventing alcohol from entering marae and controlling the supply of alcohol in Māori communities and licenced hotels (Fleras, 1981; TPK & KWWA, 1995). Any offenses resulted in a fine imposed by local rūnanga (TPK & KWWA, 1995). Following King Pōtatau Te Wherowhero, the second Māori King; King Tawhiao, also condemned and prohibited the use of alcohol among his followers, wearing the blue temperance ribbon alongside other rangatira in 1866 (Awatere et al., 1984; Hutt, 1999; TPK & KWWA, 1995). Te Whiti O Rongomai; another influential leader, fostered significant movement during the 1850s-1860s, condemning and forbidding alcohol in his Parihaka community (Awatere et al., 1984; Hutt, 1999; TPK & KWWA, 1995).

Other Māori responses to alcohol included numerous petitions presented to parliament seeking to control and restrict alcohol use. For example, a rūnanga in the Bay of Islands restricted Māori from obtaining liquor in 1862-1863 and rewarded Māori who came forward as informers (Hutt, 1999). In 1866, six Arawa chiefs put forward a petition imploring that no alcohol licenses be allowed on their land (Hutt, 1999). Many Māori also joined temperance movements and organisations that supported the prohibition of alcohol in the 1860s. These Māori led responses to alcohol, in combination with the developing temperance movement in Aotearoa, led to an increase in sobriety observed within many Māori communities during the 1870s-1880s (Awatere et al., 1984). More broadly, these responses not only highlight that harmful alcohol use, and the deleterious effects of alcohol, was not acceptable within Māori communities but they also illustrate a strong awareness among Māori of the impact alcohol was having in their communities. Indeed, at this point in history, it was widely acknowledged that alcohol was linked to cultural, social, and spiritual degradation within Māori communities (Awatere et al., 1984; Hutt, 1999; Mataira, 1987; TPK & KWWA, 1995).

Crown attempts to control alcohol through legislation also gained momentum in the 1870s. In 1870, the Outlying Districts Sale of Spirits Act replaced Governor Grey's Prohibition Ordinance [1847] in areas predominantly occupied by Māori (Awatere et al., 1984; Durie, 2004; Fleras, 1981). In part, this Act was an attempt by the Crown to alleviate resentment among Māori for the discrimination felt by Governor Grey's Prohibition Ordinance [1847]. Certainly, by now both Māori and the Crown acknowledged that Governor Grey's Ordinance had been largely ineffective, perhaps due to widespread defiance by Māori at such a discriminatory Act (Awatere et al., 1984; Mataira, 1987). The Outlying Districts Sale of Spirits Act [1870] required those who wished to get a liquor license to obtain written permission from Māori assessors, contributing to a reduction in the presence of alcohol in mainly Māori communities (Awatere et al., 1984; Fleras, 1981; Hutt, 1999; Mataira, 1987). In 1873, this Act was amended, enabling Māori assessors more authority including the power to veto any new licenses and the renewal of

existing ones (Mataira, 1987). Meanwhile, Governor Grey's Prohibition Ordinance [1847] remained in place in predominantly Pākehā occupied communities, albeit largely unenforced, until 1881 when it was repealed (Awatere et al., 1984).

Māori also continued responding to the issues associated with alcohol in the 1870s. For example, in 1874, a petition was put forward to Parliament by 168 Māori in Whanganui outlining their frustrations of the impact alcohol was having among their people (McDowell, 2015). By 1879 all South Island iwi (tribe/s) had also petitioned the government seeking prohibition of alcohol (Hutt, 1999). In fact, while there were many Pākehā temperance organisations in the 1870s, it was Māori who had successfully initiated temperance in some areas including East Canterbury (1872), and the Bay of Islands (mid-1870s) (Hutt, 1999). Further, due to ongoing lobbying attempts by Māori, the Crown introduced the Native Licensing Act in 1878. This Act prohibited alcohol in proclaimed areas; those where at least one third of their adult Māori residents had petitioned for prohibition (Awatere et al., 1984). Many Māori licensed premises in proclaimed areas subsequently closed down and new liquor licences were illegalised (McDowell, 2015). Again, these prohibition outcomes highlight the success of Māori led responses to alcohol.

By the 1900s, the major issues experienced by Māori had shifted from dealing with monumental change and extensive land alienation as a result of colonial presence, to broader social issues including poverty and illness in a highly decimated Māori population (Walker, 1984). In particular, alcohol was now predominantly understood to be contributing to widespread social problems in society. In turn, engagement between the Crown and Māori leaders increased as attention turned to local level responses seeking to address these social issues (Walker, 1984). For example, in 1900 the Māori Councils Act was created which built on existing local committees of Māori elders at the time. Twenty six 'komiti marae' (Māori council/s, committee/s) were developed across the 26 districts identified in the Act and given authority over liquor infractions (Awatere et al., 1984; Hutt, 1999). Essentially, Māori leaders had been

'recruited' by the Crown to assist in countering the negative effects of alcohol (Awatere et al., 1984). Coinciding with this Act was the Public Health Act [1900] which provided each Council the responsibility for the health and wellbeing of the people residing in their district (Awatere et al., 1984). While these Acts suggest the Crown was supportive of Māori input in the management of alcohol, discriminatory legislation was still being introduced. In 1910, the Licensing Amendment Act was established, allowing only Māori men in the South Island and Māori women married to Pākehā men, the right to consume alcohol (Awatere et al., 1984; Ebbett & Clarke, 2010; Fleras, 1981). No such rights were bestowed upon Māori men in the North Island (Durie, 2004; Hutt, 1999; Park, 1995; TPK & KWWA, 1995), perhaps because more Māori resided there (Fleras, 1981).

In the 1890s prominent Māori leaders, including Maui Pōmare and Sir Apirana Ngata began speaking more publicly about issues affecting Māori, including those associated with alcohol (Hutt, 1999; Walker, 1984). In particular, Sir Apirana Ngata is regarded as being hugely influential during the years of prohibition among Māori on the East Coast. In 1901, Ngata; who was chairman of Horouta, East Coast council at the time, initiated the first by-law following the Public Health Act [1900], which included banning alcohol on marae (Hutt, 1999). In 1911, Ngata persuaded the Horouta Māori Council to run a poll for prohibition. With the support of many Ngāti Porou (an iwi situated on the eastern tip of the East Coast of the North Island) women, this poll successfully led to complete prohibition across the East Coast district until 1922 (Hutt, 1999; Mataira, 1987). In the 1920s, Ngata lead yet another prohibition initiative. Again seeking the support of Ngāti Porou women, he asked them to sign a pledge that their men would not drink alcohol. Upon signing the pledge, each woman received a white ribbon to show their support for prohibition (Hutt, 1999).

However, while many women of Ngāti Porou supported Ngata's prohibition efforts, some of the men of Ngāti Porou became increasingly frustrated with his efforts. This was exemplified in 1920 when the now infamous prohibition haka (posture dance) 'Poropeihana' (prohibition)

was created in direct challenge to Ngata and his views on prohibition (Awatere et al., 1984; Mataira, 1987). In general, this haka is interpreted as being the frustrated response among those within Ngāti Porou who did not support prohibition and therefore Ngata (Hutt, 1999; Mataira, 1987). As Mataira (1987) states, Poropeihana was a "stinging attack on Ngata's political stand as to where his priorities lay" (p. 50). Similarly, Ka'ai (2005) suggests that Poropeihana signifies the dissatisfaction among the people of Ngāti Porou toward colonial laws of alcohol prohibition and therefore of Ngata himself, who was a clear and strong supporter these laws. At times however, Ngata himself led Poropeihana to "dampen the personal sting" (Hutt, 1999, p. 67) suggesting he shared some empathy toward his people and their frustrations. Today, Ngata is recognised as being a strong advocate and leader who was effective in his efforts to prohibit alcohol use among Māori in the early 1900s.

The 1920s-1950s saw much diversification of alcohol use among Māori. For example, while alcohol was increasingly present during important events at some marae it was prohibited at others including Turangawawae marae in Ngaruawahia, when Princess Te Puea forbid any alcohol from entering the marae in 1929 (Hutt, 1999). Furthermore, in the 1930s, while heavy alcohol use was observed among the majority of military personal, including Māori, alcohol use in the general population decreased as a result of the Depression (Hutt, 1999).

In 1948, the Licensing Amendment Bill repealed all previous and discriminatory alcohol legislation thereby providing Māori and Pākehā equal access to alcohol (Awatere et al., 1984; Ebbett & Clarke, 2010; Hutt, 1999; Fleras, 1981; TPK & KWWA, 1995). At the same time, many Māori began migrating to urban areas in search of work (Hutt, 1999). Together, these factors improved Māori access and opportunities to engage in alcohol use, which led to an observed increase in Māori alcohol use (Hutt, 1999). In 1962, Māori warden roles were formalised, albeit in a voluntary capacity, in the Māori Community Development Act [1962]. This Act led to the establishment of an association of New Zealand Māori wardens, providing them legislative authority to regulate alcohol use within tribal districts (Durie, 2004; Hutt, 1999;

TPK & KWWA, 1995). However, primarily agents of social control, the roles of Māori wardens were not easy as they were expected to prevent or forestall trouble associated with intoxicated Māori, but not to interfere with alcohol sales and profit at licensed hotels. Unsurprisingly, Māori wardens were often met with ambivalence by Māori and hotel proprietors (Awatere et al., 1984; Durie, 2004; Fleras, 1981). Despite these difficulties, the Māori warden's scheme is regarded as a successful Māori initiative to regulating alcohol use at the local level (TPK & KWWA, 1995).

From the mid-1950s onwards, Māori alcohol use began to reflect the alcohol use practices of Pākehā leading to more widespread acceptance among Māori of the role of alcohol in everyday life (Hutt, 1999; TPK & KWWA, 1995). Additionally, information regarding alcohol consumption and its associated harms among Māori began to be recorded by health and research professionals (e.g. Pomare, 1980; Pomare et al., 1993) as public health perspectives of alcohol use began to emerge in the literature.

The social context of contemporary Māori alcohol use

> *"For many Māori alcohol has become an accepted part of their lifestyle and culture"*
>
> (TPK & KWWA, 1995, p. 14).

In contemporary society, alcohol use is generally considered a 'normal' part of everyday social life among Māori (Cagney, 2006; Durie, 2004; TPK & KWWA, 1995). However, the numerous responses by Māori and the Crown seeking to control alcohol and it's negative consequences across history has perhaps contributed to dominant understandings of the problematic and harmful use of alcohol among Māori (Bramley et al., 2003; Durie, 2004; Fryer et al., 2011; Ministry of Health, 2009; Moewaka Barnes et al., 2003; Saggers & Gray, 1998). Indeed, much research has gone into exploring social explanations for harmful alcohol use (e.g. Durie, 2004; Durie & Soutar, 2001; Marie et al., 2012) and treatment of hazardous alcohol use among Māori (e.g. Huriwai, 2002; Huriwai, Sellman, Sullivan & Potiki, 2000; Hutton & Wright, 2015; Robertson et al., 2002). In comparison, the social context of everyday alcohol use among

Māori has received little attention in alcohol research to date (Awatere et al., 1985; Clarke & Ebbett, 2010, Mataira, 1987), resulting in limited understandings of the social influences of alcohol use.

Despite this, research indicates that alcohol use among Māori is often prompted by social motivations including the desire for socialisation and companionship (Awatere et al., 1984; Clarke & Ebbett, 2010; National Council of Māori Nurses, 1988). TPK & KWWA, 1995). Māori report larger and more integrated social networks (Kumar & Oakley Browne, 2008) which may provide more opportunities for social engagement and alcohol use (Clarke & Ebbett, 2010). Within Māori society, whānau is a fundamental social structure (Cunningham, Stevenson, & Tassell, 2005; Durie, 2004) and can contribute to positive health outcomes (Dyall et al., 2014; Kumar & Oakley Browne, 2008). Whānau may be whakapapa based or kaupapa (theme or purpose) based (Cunningham et al., 2005). Kaupapa whānau may comprise people from the same geographical location or a group of Māori sharing a common purpose (Cunningham et al., 2005). In the context of alcohol use, whānau may provide an important social network and also be the source of many opportunities for social engagement, during which, alcohol may be present. However, research has not yet explored these aspects of Māori culture in relation to the socialising factors of alcohol use.

Cultural identity is also understood to influence alcohol use among Māori (Clarke & Ebbett, 2010; Durie et al., 1996; Waldon, 2004), and other indigenous populations (Byron, 1996; Gutierres, Russo & Urbanski, 1994; James, Kim & Armejo, 2000; Oetting et al., 1998; Whitbeck et al., 2004). For example, research shows a loss of cultural identity among Native American peoples contributes to harmful alcohol use (Whitbeck et al., 2004; James et al., 2000; Oetting et al., 1998), and strengthening cultural identity may protect against harmful alcohol use (Gutierres et al., 1994). Conversely, Clarke & Ebbett (2010) found that Māori cultural identity influenced frequency of drinking among Māori and suggest that Māori who have a strong cultural identity may attend more social occasions involving alcohol use. Similarly, the first study in this thesis

suggests a stronger Māori cultural identity may support binge drinking behaviour among older Māori (Chapter 3). James et al. (2000) also found a stronger cultural identity was associated with heavy alcohol use among ethnic minority participants in the Pacific Northwest of the United State of America.

Other literature has found no relationship between cultural identity and harmful alcohol use (Byron, 1996; Marie et al., 2012; Spicer et al., 2003). The contradictory research findings illustrate the complexity of the relationship between cultural identity and alcohol use. Additionally, other social factors such as poverty, socioeconomic status, gender and social support, are understood to affect this relationship although authors have stressed the difficulty of separating cultural identity from other social factors (Beauvais, 1998; Byron, 1996; Clarke & Ebbett, 2010; James et al., 2000; Oetting et al., 1998). These difficulties have resulted in minimal theorising about the nature of these relationships. Consideration of the relationship between cultural identity, alcohol use and other potential mediating social factors should be explored from a Māori cultural perspective to understand how cultural identity may operate to influence alcohol use among Māori.

The location of alcohol use may also be important. Amongst Māori, marae and the pub (public bar) have previously been identified as popular locations for Māori alcohol use (Awatere et al., 1984; Mataira, 1987; TPK & KWWA, 1995). It has been theorised that Māori started utilising the pub as a location for alcohol use post World War II when many moved to urban areas and sought companionship and support which was often provided at the pub (Awatere et al., 1984; TPK & KWWA, 1995). Research also suggests that the marae was a popular location for alcohol use among Māori in the past (Mataira, 1987). However, the age of this literature highlights the need for research to explore the physical locations of alcohol use among Māori in the present context. Additionally, research could explore how culture influences the way social events involving alcohol use at marae are managed, as well as other important physical locations of alcohol use among Māori.

Contemporary alcohol use and older Māori

It is clear more research is needed to understand the social context of alcohol use among Māori and this is particularly the case with older Māori (McKenzie, Carter & Filoche, 2014), who have either been minimally acknowledged or not included in alcohol research to date (Fryer et al., 2011; Glasgow, 1999; Ministry of Health, 2011b). Therefore, current understandings about the social context of alcohol use are not necessarily applicable to older Māori, who are a distinct group in the population. Additionally, there is insufficient information to determine possible similarities or dissimilarities between older Māori alcohol use and Māori alcohol use in general. Among the scant research which has investigated older Māori alcohol use, it has been found that most older Māori are likely to be occasional drinkers and do not view alcohol as the main focus during social occasions involving alcohol (Durie, 2004; Kerse, 2014). However, there is a clear need for research to explore the social context of older Māori alcohol use to build on these findings and suggestions for future research are provided below.

For example, future research could explore the role of whānau in older Māori alcohol use. As highlighted above, whānau may be an important social network among Māori and particularly among older Māori; providing close social ties and collective support for those who have close contact with their whānau (Dyall et al., 2014; Durie, 1997c). Further, as established in chapter four, social networks and social support influence alcohol use among older people (Berkman, 2000; Dare et al., 2014; Rosenquist et al., 2010; Van den Berg et al., 2015). Indeed, the first study in this thesis (Chapter 3) found a significant and positive relationship between types of social networks and hazardous alcohol use among older Māori. These findings suggest the importance of engagement in social life to the ways in which older Māori may engage in alcohol use and further research exploring the nature of this relationship is needed.

Future research could also investigate the influence of kaumātua (respected elder/s) status on Māori alcohol use. Within Māori society ageing is a positive life transition (Durie et al., 1996; Kukutai, 2006), and Māori may take on a unique kaumātua status as they age (Glasgow, 1999;

Maaka, 1993). The transition to kaumātua status is often marked by increased recognition on the basis of wisdom, experience, leadership, knowledge, and contribution to whānau and Māori communities (Durie, 1999b; Kukutai, 2006). Kaumātua can refer to men and women and as an individual or group of older people (Maaka, 1993). Kaumātua have roles and responsibilities within their whānau and iwi which often includes providing leadership and pivotal social support (Durie, 1996; 1999b; Dyall et al., 2014; Kukutai, 2006; Maaka, 1993). This has important implications in the context of alcohol use because, as older Māori become recognised as kaumātua, they may change their alcohol use. Further, they may have the ability to influence Māori alcohol use in general through occupying leadership roles in their communities and promoting the safe use of alcohol.

Conclusion

This review examines current understandings of the social context of Māori alcohol use in Aotearoa. The history of Māori alcohol use shows how Māori alcohol use has been shaped across time and in response to colonisation. During the 1800s, alcohol use and its consequences were neither 'normal' nor acceptable among Māori. This is illustrated by a long history of Māori and Crown responses seeking to address issues associated with alcohol use in society. However, the Crown's often discriminatory legislative responses indicate that while alcohol was acknowledged to be a problem, this problem was specific to Māori. Alternatively, ongoing Māori led initiatives and responses to alcohol illustrate a strong desire among Māori to curb the consequences of alcohol highlighting their focus on alcohol as a societal problem. Indeed, some success shown by Māori led initiatives provide illustration of effective indigenous frameworks of control as well as Māori ability to self-regulate alcohol use among their people (Fleras, 1981). During the 1900s, despite ongoing efforts to control alcohol, it became increasingly normalised within Māori social structures leading to a general acceptance among Māori in contemporary society of the role of alcohol in everyday social life in Aotearoa.

Based on the research to date, alcohol is understood to play an important role in socialisation and connectedness among Māori in contemporary society. Factors such as social networks, including whānau, Māori cultural identity and the physical location of alcohol use are argued to influence Māori alcohol use. However, current understandings of the relationship between these social factors and alcohol use are limited due to a dearth of research exploring the social context of Māori alcohol use, which is even more pronounced when considering older Māori alcohol use.

In recognition of the limitations in current understandings of the social context of alcohol use, particularly among older Māori, two qualitative studies were developed. Both were grounded in a social perspective of alcohol use. The second study will draw on older Māori' personal stories of alcohol use to gain an understanding of how alcohol is embedded in the everyday lives of older Māori and the third study will utilise kaupapa whānau comprising older Māori to explore broader societal perceptions of older Māori alcohol use. These studies will build on the first descriptive study to provide nuanced and contextualised ideas about the social context of Māori alcohol use.

Chapter six

Methodology and methods

This chapter introduces a Māori centred research approach which was employed in this research. Narrative research is then outlined and storytelling, a usual method of sharing information among indigenous people, including Māori, is emphasised. The research methods selected for the second and third studies are then discussed along with details of participants, procedure and interview protocol. Then, the methods of data analyses for each study are provided. Specifically, the second study utilised individual interviews to explore personal experiences of alcohol use among older Māori and thematic analysis was carried out to interpret the data. In the third study hui with kaupapa whānau were utilised to explore older Māori people's shared perceptions of alcohol use at the broader societal level and narrative analyses were carried out to interpret the data. I also mention how utilising two research methods in the second and third studies overcomes some of the proposed limitations associated with employing one of these methods alone. The ethical considerations for this research are discussed including those informed by research tikanga and those informed by Massey University Ethical guidelines. I provide my reflections on my position in the research; why I chose a Māori centred research approach; and how I dealt with traumatic and deeply personal information. This chapter concludes with a brief chapter summary.

Māori centred research

A Māori centred research approach seeks to understand phenomena from within a Māori worldview and in a way that empowers the research participants and Māori communities (Cunningham, 2000; Durie, 1997a; Forster, 2003). This is achieved through collective, participatory and empowering processes (Durie, 1997a; Ruwhiu, 1999). The concerns, interests and preferences of the participants guide the research process and Māori are likely to be involved at all levels of the research process (Cunningham, 2000; Durie, 1997a). Māori centred research

also advocates for good research practice using appropriate social science methods (Cunningham, 2000) and is founded on three key principles: whakapiki tangata, whakatuia, and mana Māori (Durie, 1997a).

Whakapiki tangata is about enhancement, empowerment and enablement of those involved in the research. It reinforces the idea of the researcher/s working alongside research participants and sometimes the communities in which participants belong, to ensure positive outcomes for Māori (Durie, 1997a). This has implications for the setting of the research questions, objectives, and processes. In relation to this study an exploration of the social context of older Māori people's alcohol use allows for a deeper understanding of the role of alcohol in health and wellbeing. Such insight may provide avenues for addressing potential health and social impacts of alcohol use among Māori thereby contributing to the improvement of Māori health and wellbeing. In relation to research practice, whakapiki tangata requires researchers to adopt tikanga as appropriate, when engaging with participants to help ensure a positive and empowering experience. This includes encouraging open and honest communication in a safe and mana (prestige, authority, power) enhancing environment. This may mean prioritising whakawhanaunga (establishing relationships) to occur between the researcher and anyone involved in the research. By prioritising whakawhanaunga, connections can be established, research objectives and aims can be outlined in detail potential participants can ask questions about the research. In doing so, this enables open discussion about the research and establishes my accountability to those interested in participating. Further, whakawhanaunga assists in the development of mutually respectful relationships between researcher and participants. In the analysis of participant stories it is important to ensure that participant voice is privileged. This can involve using practices such as participants reviewing the transcripts or taking a collaborative approach to analysis.

The second principle; whakatuia, is about integration and promoting interconnectedness within spiritual, physical and environmental domains that are important to Māori (Durie, 1997a).

Durie (2004) states "there is no single domain – cultural, physical or social – that can lay claim to a monopoly on the life experiences of Māori" (p. 69), acknowledging that Māori may seek, and are drawn to, spiritual explanations of the world as well as being intrinsically tied to their social and physical environments. Whakatuia has implications for the types of data being collected. Questions and analytical frames need to be developed that will capture the spiritual, social, physical, and, environmental dimensions of a research topic, such as alcohol use, and it is important for the researcher to encourage and include all reflections and narratives even when it may not be obvious how this knowledge may relate to the topic. Essentially, it requires the researcher to value all knowledge that is shared by participants.

The third principle; mana Māori, is about Māori control or autonomy over research processes (Durie, 1997a). Mana Māori is ongoing and emphasises the need for ethical research practice as governed by tikanga and a universal code of ethics. This principle requires consideration of how Māori have control over the research process and protecting the knowledge that is generated (Durie, 1997a). Mana Māori has implications for research practice particularly in regards to how participants are recruited, interviewed, and involved in the creation of their stories. From the researchers' perspective it means ensuring the research processes do not belittle the participants, or their gift, in any way and respecting their wishes. Again, this highlights the importance of ensuring the process of whakawhanaunga between researcher and participants to support the enablement of mana Māori during participant recruitment processes.

In summary, Cunningham (2000) describes Māori centred research as "[involving Māori] at all levels…as participants, researchers and analysts. Māori data will be collected and a Māori analysis applied, and will result in the provision of Māori knowledge" (p. 65). In this research, participants shared their experiences of alcohol use which were embedded in a Māori cultural context, and data were analysed by applying a Māori lens to reveal how Māori concepts and lifestyles shaped older Māori alcohol use.

Narrative research: Sharing stories to convey understanding

"Stories pervade all of human thought and action. We are all story makers and tellers".

(Murray, 1997, p. 2).

Narrative research explores ideas and knowledge through people's storied accounts of their lived experience/s (Atkinson, 2007; Hendry, 2007; Murray, 1997; Murray & Sools, 2015; Riessman, 2005; Squire et al., 2015; Wells, 2011). Storytelling is understood to be a central and 'normal' aspect of human culture. People conceptualise their thoughts and meaning of their lives in a storied form (Atkinson, 2007; Mischler, 1995; Murray, 1997; Riessman, 2005; Squire et al., 2015; Stephens, 2011; Wells, 2011). More importantly, our realities and how we make sense of them are embedded in our culture. Chase (2005, p. 57) states that people draw on their "social, cultural and historical circumstances" when telling their stories. Thus stories reveal aspects about the identity of the storyteller and their culture (Hendry, 2007; Murray, 1997; Murray & Sools, 2015; Squire et al., 2015; Stephens, 2011). Stories are developed in two contexts: the personal, which is about individual constructions of experience, and, the socio-cultural context, which acknowledges how social and cultural influences shape the stories people compose about their lives (Benham, 2007; Clandinin & Rosiek, 2007; Murray, 1997; Murray & Sools, 2015; Wells, 2011). Narrative research then reveals the structure of our personal identities and related social world (Murray & Sools, 2015; Plummer, 1995; Stephens & Breheny, 2010; Wells, 2011) through utilising stories for understanding particular experiences that are constructed by the storyteller, as they understand it in their life, over time and within a particular social context (Atkinson, 2007; Lyons, 2015; Stephens, 2011).

Storytelling among indigenous and Māori people

Among Māori and other indigenous people, storytelling is a usual method of sharing information (Benham, 2007; Bishop, 1996; Moorfield, 2006; Royal, 1992; Wirihana, 2012), and has been key in passing on knowledge over time (Lee, 2009), with many life lessons among indigenous people being taught through sharing stories (Benham, 2007; Smith, 2012). For

example, Lekoko (2007), speaks of storytelling within traditional African communities as "a primary form of the oral tradition" (p. 85), and argues that "culture, experience, values, knowledge, wisdom, feelings and attitudes" (p. 85) are shared through story telling. Singh (2008) speaks of the literary and narrative traditions among Aboriginal people in Australia, stating that oral storytelling is one way they express their knowledge of the world (Singh, 2008). More broadly, Smith (2012); indigenous expert in decolonising methodologies, discusses how "stories are a way of passing down the beliefs and values of a culture" (p. 145). These examples collectively highlight the importance of storytelling within indigenous cultures.

As a traditionally oral culture, Māori often value the skill of passing on knowledge through storytelling (Moorfield, 2006; Royal, 1992; Tremewan & Tremewan, 2008). It is argued that the oral tradition is the most important historical tradition among Māori (Royal, 1992, p. 20). Bishop (1996) states "there are strong cultural preferences among Māori people for narrative" (p. 25). In contemporary society, storytelling is still a preferred method among Māori, for imparting knowledge (Bishop, 1996; Lee, 2009; Moorfield, 2006; Royal, 1992; Wirihana, 2012). Storytelling occurs through a variety of methods, both written and spoken, including waiata (songs), waiata tangi (laments), genealogies, poems, tribal histories, whakataukī (proverb/s) and written forms such as manuscripts, letters and newspapers (Tremewan & Tremewan, 2008).

A key term used in relation to Māori story telling is pūrākau (Māori narratives). While commonly referring to Māori myths or legends, pūrākau are a more specific form of storytelling (Cherrington, 2002; Lee, 2009; Wirihana, 2012), handed down through generations, with the aim of providing advice and insight into the thoughts, feelings and actions of tīpuna (ancestor/s) (Cherrington, 2002). Within academia, pūrākau is gaining popularity as a form of Māori narrative that provides a meaningful way of exploring how Māori make sense of their realities and experiences within a Māori worldview and therefore, pūrākau represent Māori ways of understanding the world (Erueti, 2015; Lee, 2009; Wirihana, 2012). Typically, pūrākau methodology is part of a decolonising process central to the aims of kaupapa Māori (Māori

perspectives) research and theory (Erueti, 2015, Lee, 2009; Wirihana, 2012). Conversely, storytelling incorporates everyday stories about people's lives, and the intent of such stories is not necessarily to transmit intergenerational knowledge, nor are they grounded in any particular research framework. Storytelling was therefore the term used in this research as I was interested in older Māori people's everyday stories and understandings of alcohol use.

Research methods: The second and third studies

Given the applicability of sharing stories within Māori culture, methods of data collection that would encourage participants to share their stories were used. A multi method, qualitative design was employed to explore the social context of older Māori alcohol use. The aim of the second study was to understand the broader social location of alcohol use within the everyday lives of older Māori as well as the social factors influencing older Māori alcohol use. Face to face interviews were used to provide a space for older Māori to share stories about their alcohol experiences. The aim of the third study was to understand the broader and socially shared meanings of alcohol use among older Māori. Hui were conducted with kaupapa whānau comprising older Māori participants to explore their shared perspectives of older Māori alcohol use. Rather than questions focusing on individual and personal alcohol use experiences, as in the individual interviews, these hui provided space for kaupapa whānau to collectively speak about their similar and differing perspectives on the broader social context of older Māori alcohol use.

This research adhered to the 'Code of ethical conduct for research, teaching and evaluations involving human participants' (Massey University, 2016) and ethical approval was granted for all procedures by Massey University Human Ethics Committee: Southern B (# 13/48). Provided below is an overview of the research methods for the second and third studies respectively.

Interviewing: The second study

In the second study, semi structured interviews were conducted with older Māori individuals to explore their personal experiences of alcohol use. Interviewing allows for in depth exploration of a particular topic with an individual (Bold, 2012; Lyons, 2015), and participants commonly respond to interview questions by sharing their stories (Stephens, 2011). One of the advantages of carrying out semi structured interviews is that they guide the focus topic of the interview while allowing flexibility for participants in their responses and the researcher can ask additional questions as the interview progresses (Bold, 2012).

In particular, face to face interviewing is an appropriate narrative method to employ in Māori centred research because it allows for the recognition and validation of knowledge held by 'ordinary' people speaking about 'everyday knowledge' (Lekoko, 2007). Thus, interviewing encourages participants to share everyday stories about their lives and their understanding of a topic, thereby validating their experiences and privileging individual voices (Atkinson, 2007; Lee, 2009). It also allows for the exploration of Māori experiences and realities from within a Māori cultural perspective (Erueti, 2015; Lee, 2009; Smith, 2012; Wirihana, 2012). Interviewing can therefore be an emancipatory and empowering process for older Māori by encouraging them to speak in their own 'voice' and with the understanding that their 'voice' is the source of valid and legitimate ideas and knowledge (Lee, 2009; Mischler, 1995; Wirihana, 2012). This aligns to the aims of Māori centred research because it is the participant's words, which are given meaning within the research context.

Specifically, whakapiki tangata is upheld because interviewing provides a safe forum for personal and potentially difficult information to be shared. In the second study, it was hoped that participants would feel comfortable sharing both positive and negative, or challenging, experiences of alcohol use. It was important for me to be mindful of what stories participants may choose to share and to keep an open mind and show empathy towards each participant as they shared their stories. In line with whakatuia and mana Māori, I also needed to ensure that the

participant led the discussion and remained in control during the interview by choosing what to share and how, as well as having the opportunity to reflect on their shared stories. In doing so, this helps create a mana enhancing environment that privileges each participant's position and voice. Further, by enabling participant control during the interview process allows for the emergence of understandings of alcohol use that may derive from spiritual, physical and environmental domains of Māori knowledge.

i] Participants

Sixty participants from the HWR cohort were invited to participate in the current study. Briefly, the HWR was established in 2007 and aims to follow around 4,000 older people in order to better understand health and ageing of New Zealanders. (For more detailed information on the HWR, please visit www.massey.ac.nz/hart/). Criteria for participation were: those who identified as Māori, were aged 60 years or over and had consented to being invited for interviews. Thirteen older Māori; (7 men and 6 women) agreed to participate and were based in Horowhenua (3), Tararua (2), Manawatū (3), Wellington (2), Hawkes Bay (2), and Tai Tokerau (1). Participants were given the option of using a pseudonym and all identifying information was removed from participant transcripts to ensure confidentiality.

ii] Procedure

Potential participants were sent an information sheet and invitation to meet with me at an initial hui to enable whakawhanaunga to occur and provide an opportunity to discuss the research (please see appendix B). Such gatherings establish relationships (Bishop, 1996), provide opportunity for face to face contact, important within Māori culture (Pere & Barnes, 2009), and highlight the importance of identity and connectedness among Māori. These hui also align with the Māori centred research principles of whakapiki tangata and mana Māori because they enable informed choice, in a supportive environment, about whether people wish to be involved in the research.

People who received the information sheet and were interested in participating were asked to contact me via email or phone. Having established a willingness to participate, I arranged a whakawhanaunga hui (meeting/s to establish relationships) with each person and invited them to have a support person or people present. Thirteen hui were held at a place of each person's choosing and were either in their homes (11), at their employment place (1) or in an office at Massey University (1). To support whakapiki tangata and adhere to appropriate research tikanga, I brought kai (food) and a drink to share at all hui. Sharing kai, helps to create a more relaxed environment where informal conversation can occur and participants may share details about themselves more comfortably. There were no timeframes during these hui, rather it was simply about coming together and getting to know each other by sharing whakapapa and other connections, to assist in the development of a research relationship built on openness and honesty. These hui also provided a forum for me to share information about the research objectives and procedures prior to anyone deciding if they would like to participate. All potential participants were provided a copy of the interview schedule (please see appendix C) and invited to ask any questions about the research.

All thirteen people who engaged in these hui chose to contribute to the project and were given the option of being interviewed directly after whakawhanaunga had concluded, or at a later date. Eleven opted to be interviewed directly after whakawhanaunga had concluded and two opted to be interviewed later. For these two participants a subsequent interview hui was arranged at a time and place that suited them. Both these hui were held in participants' homes and I took along kai and a drink to share. For all participants, the interview and consent process was explained with opportunities for questions, before they signed a consent form (please see appendix D) and the recorded interview began. Koha (gift/s) were given to all participants at the conclusion of the interview.

iii] Interview protocol

Semi structured individual interviews of 25–120 minutes duration were conducted in 2014. Participants referred to the interview schedule as a starting point (please see appendix C) and then, as per the principles of Māori centred research, they led the discussion and remained in control of what they shared. The semi structured interview schedule comprised four open ended questions and was offered as a way of facilitating unrestricted conversation about their alcohol experiences. Questions included asking participants about their general experiences of alcohol use, what role they thought alcohol had played in their lives and why, and, how their alcohol use had changed as they had aged. Participants were advised there was no right or wrong answer and interview protocol was the same for all participants.

iv] Transcription of interviews

The audio-recorded interviews were transcribed for analysis during the data collection stage of the research. I represented pauses with a comma, full stop, and, for noticeably longer pauses I used three full stops. I included interjections from myself in parentheses. I removed all identifying information and replaced it with a more generic descriptor or *** if no generic term was applicable. I inserted pseudonyms chosen by me to indicate when the participant was speaking. For the pseudonyms, I referred to male participants as ‘Matua’ (a respectful term for a man) and female participants as ‘Whaea’ (respectful term for an older woman) followed by either one or two letters related to each participants name. All data was transcribed verbatim and at the completion of each transcription I checked with the audio recording for accuracy.

In line with whakapiki tangata, participants were provided the option to have their transcripts returned to them, prior to conducting the analysis. Eight participants chose to review their transcripts and were asked to sign an authority for the release of transcripts form (Please see appendix E), upon completion of their review. Three of the eight participants contacted me after receiving their transcript saying they felt embarrassed by how they came across in their transcript, which was unedited and verbatim from the interview. Wells (2011) states that the

inclusion of all the narrator's words, as verbatim in the transcript is crucial to a full analysis of their story (p. 37). More broadly, Plummer (2001) argues that, serious editing of each participant's story should be left until the later stages of analysis. I had thought that providing a 'raw' data transcript would illustrate to each participant that I had not 'interfered' with their story and thus it would be mana enhancing for participants. Having reflected on this, I realised I should have 'tidied' the transcripts, before seeking participant review. For example, I could have removed repetitions and instances where the participant 'ummed' and 'ahhed' in their speech. I reassured participants that transcripts of verbal conversations are often not as articulate as verbal speech, and that their transcript was similar to others in the grammatical sense. I assured each participant that I would 'tidy' their transcript prior to including any excerpts in the analysis and reminded them that no one would be able to identify them in this study. Each participant felt satisfied with their transcripts after speaking with me and signed the authority for the release of transcripts form.

One participant also wished to remove significant sections of their transcript because, after reading it, they felt uncomfortable with some of the information they had shared during the interview. I assured them that this information would be removed. Another participant made substantial changes to their transcript; removing and adding new information, and changing some details. The participant explained that, at the time of the interview they were on medication that affected their ability to concentrate and, as a result, they felt some important information was incorrect or missing. The changes in their transcript were aimed at providing a more accurate account of their stories and I ensured their changes were included to their transcript prior to analysis.

In summary, five participants did not opt to view their transcripts. Of those who did, three signed the authority for the release of transcripts form after making minor changes. The three participants who expressed concerns signed the authority for the release of transcripts form after speaking to me and making minor changes to their transcript. The remaining two

participants made significant changes and all sent their revised transcripts to me with a signed release of transcript form.

Hui with kaupapa whānau: The third study

In the third study 'hui with kaupapa whānau' was used to describe the method of data collection. While initially I had referred to this method as conducting 'friendship group discussions', the term 'hui with kaupapa whānau' came about when one participant used this term to describe what he felt he was a part of and I could see it provided a culturally relevant way to conceptualise the method of sharing knowledge in a group forum. I therefore adopted this term to describe the research method. Kaupapa whānau comprise groups of people who do not necessarily share common heritage, but rather, a common mission or purpose and are linked through their social networks (Durie, 2004; Metge, 1995). They are bound by codes of loyalty, common goals, and mutuality (Durie, 2004). Specifically, kaupapa whānau in this research refers to groups of 3-6 older Māori, who have existing relationships with each other and who came together to discuss their shared perspectives of Māori alcohol use.

While this term is fitting within Māori centred research, the majority of literature draws on 'focus groups' when discussing this method of data collection. Liamputtong (2011) describes focus groups as "an informal discussion among a group of selected individuals about a particular topic" (pg. 3). Kaupapa whānau may be understood as a modified version of focus groups with the key difference being that members of the group have existing relationships with each other, much like the idea of friendship groups (Lyons & Willott, 2008). I use the term focus groups to provide an overview of this method of data collection. However, when speaking about the applicability of this method for Māori centred research I refer to it as 'hui with kaupapa whānau'.

Focus groups are 'collective conversations' among a group of people which aim to gain a greater understanding of a particular topic from the perspective of the group (Kitzinger & Barbour, 1999; Liamputtong, 2011). Generally, there is a common topic that participants are invited to contribute their perspectives, stories, beliefs, concerns, and knowledge about

(Kitzinger, 2005; Kitzinger & Barbour, 1999). Focus groups thus provide a method for exploring group norms, meanings and processes as well as specific thoughts and ideas about a topic, and often result in the provision of rich and detailed information (Barbour, 2007; Liamputtong, 2011). The goal of focus group research is not necessarily to reach a group consensus but to encourage all participants' to contribute openly and freely to the conversation. One way to achieve this is through utilising friendship groups; individuals who have existing relationships with one another and therefore may interact more easily and naturally together, due to their familiarity. Friendship groups thus allow for a more relaxed and comfortable discussion among peers (Lyons, Madden, Chamberlain & Carr, 2011; Lyons & Willott, 2008). Further, friendship groups enable participants to draw on shared experiences or 'collective' stories to illustrate certain points and ideas (Caddick, Phoenix & Smith, 2015), within the same social context (Kitzinger, 1994).

The method of conducting hui with kaupapa whānau provides a culturally appropriate and meaningful way of gathering information on the shared perspectives of alcohol use because, as Bishop (1998) states, whānau are "a location for communication, for sharing outcomes, and for constructing shared common understandings and meanings" (p. 204). Moreover, the principles of whakapiki tangata and mana Māori may be upheld because the participants can determine their kōrerorero and share what is relevant and important to them in relation to the research topic. Accordingly, the power imbalances sometimes observed between facilitator and participants were reduced (Berg, 2007; Liamputtong, 2011). Whakatuia is relevant here because the participants' control of the kōrerorero meant that they were able to integrate spiritual, physical and environmental explanations and ideas to make sense of, and illustrate, their perspectives on alcohol use. Moreover, priority is given to participant's voice; their language and their frameworks for understanding the world (Kitzinger, 1994). In summary, this method allowed for the identification of collective understandings of alcohol use among older Māori and from within Māori cultural perspective.

i] Participants

A convenience sample, recruited via my social networks and comprising people who identified as Māori and were aged 60 years and over, were invited to take part in the study. Nineteen older Māori (ten women and nine men) agreed to participate in one of five kaupapa whānau located in the wider Wellington region (2), Manawatū (1), and Tai Tokerau (2). Participants were given the option of choosing a pseudonym to protect their identity and to have all identifying information removed from the data to ensure their confidentiality. However, in the interests of maintaining whakapiki tangata and mana Māori, actual names and identifying information were retained for those who requested this. Among those who used a pseudonym, some participants chose their own while others left it to me to choose a pseudonym on their behalf. No distinction is provided between those who kept their actual names and those who used a pseudonym. Additionally, each kaupapa whānau was labelled after a native rākau (tree): Kahikatea, Kauri, Rimu, Totara and Miro, to be used as a reference point when discussing the findings. Further details of these rākau labels and each kaupapa whānau are provided in chapter 10 to contextualise the study findings.

ii] Procedure

Participants were recruited using a snowball sampling technique. Five kaumātua, known to me and whom I had identified as potential primary contact people, were contacted via phone and received a verbal outline of the research. I also invited them to meet with me in person, or to continue conversing via phone call and email, to enable me to explain the objectives of the study and the role of the primary contact person in more detail. All five kaumātua agreed to learn more about the research.

During the hui (3) or subsequent email contact (2), each person was provided a primary contact information sheet (please see Appendix F) and invited to ask questions and provide suggestions for the research. The role of the primary contact person was to identify 3-6 older Māori who have existing relationships with each other and who they thought may be interested

in participating in the study. Four of the five contacts chose to contribute to the project and were provided with information sheets (please see Appendix G) to distribute to older Māori (60 years plus) whom they thought may be interested in participating (please note the term 'friendship groups' was being used at this stage in the study). Primary contact people were also invited to participate. The primary contact people then lead the recruitment process in a manner consistent with their tikanga.

Once a kaupapa whānau had been recruited, I arranged an initial whakawhanaunga hui. In total, four hui were held at a venue chosen by each primary contact person and which was convenient for potential participants. During these hui, whakawhanaunga ensued between myself and potential participants. Additionally, the research aims and objectives were outlined, I ensured everyone had received a copy of the friendship group information sheet, and people were invited to ask questions about the research. I also distributed copies of the friendship group schedule (please see appendix H) to provide an indication of the types of information I was interested in exploring. Again, these whakawhanaunga hui uphold the principles of whakapiki tangata and mana Māori because participants were able to make fully informed choices about participating in the research and the environment was such that they could freely express their thoughts, concerns, and ideas about the research. Everyone who engaged in these hui chose to contribute to the project.

Data collection hui were then arranged with each kaupapa whānau and primary contact person; all of whom chose to participate in the research. One kaupapa whānau requested to have two data collection hui due to the large number of participants and to enable everyone to have the opportunity to attend. This subsequently became two kaupapa whānau. All data collection hui were conducted within 2-4 weeks from first contact with participants. Two kaupapa whānau opted to proceed into data collection directly after whakawhanaunga had concluded. This was due to their busy schedules which limited their availability to meet with me for subsequent hui. The remaining three kaupapa whānau arranged to meet with me several weeks after the initial hui at a mutually convenient time and location. Hui venues included a community police station, a kura kaupapa

(total immersion Māori language primary school), a marae, and a private room at an iwi organisation. Prior to any data collection the consent and kōrerorero process was explained and I distributed the written consent forms (please see appendix I) and invited participants to ask any further questions. Once each participant had read and signed the consent form, a voice recorder was turned on and kōrerorero began. All hui began and ended with karakia (incantation or blessing); to ensure cultural safety, and involved sharing of kai and drink as part of appropriate research tikanga. Koha were given to all kaupapa whānau members, including primary contact people, at the conclusion of the kōrerorero. For the hui held at a marae, a koha was made to the people of that marae as well.

iii] Kōrerorero protocol

Five kōrerorero sessions of 80 - 130 minutes' duration were conducted in 2015. In recognition of the co-construction of narratives (Mischler, 1986), it is important to understand my role as the facilitator. All participants had become familiar with me during whakawhanaunga, and I sought to position participants as the experts on older Māori alcohol use, emphasising my interest in all aspects of their ideas about Māori alcohol use. To this end, participants were referred to the friendship group schedule (please see appendix H) as a starting point for kōrerorero. The schedule comprised four open ended questions which sought to explore how older Māori alcohol use in everyday society is understood, any issues or concerns as well as any positive aspects about older Māori alcohol use, and, current perceptions of older Māori alcohol use. In line with Māori centred research, these questions emphasised the value placed on participant knowledge and each kaupapa whānau led their kōrerorero by choosing how they responded to the questions and which aspects of the topic they wished to focus on.

iv] Transcription of kōrerorero from kaupapa whānau

The audio recorded kōrerorero were transcribed for analysis during the data collection stage of the research. I represented pauses with a comma, full stop, and, for noticeably longer

pauses I used three full stops. I included my own contributions to kōrerorero in all transcripts and included interjections from either myself, or other members, in parentheses. I also replaced actual names with pseudonyms and removed identifying information and replaced with *** in each transcript for those who wished to remain anonymous. Among those that requested their actual names and identifying information remain I left the transcripts per verbatim, although I inserted Matua and Whaea before the name of every male and female participant respectively as a sign of respect. Having learnt from my previous experience with participants in the second study, I also 'tidied' each transcript by removing any repeated words, sounds like 'umm' or 'ahh' and sought to ensure participant kōrerorero made grammatical sense without altering their contribution in any major way. As I was transcribing I also paid attention to the various perspectives being shared among members in each kaupapa whānau and noted similar, conflicting, and central ideas. At the completion of each transcription I checked with the audio recording for accuracy. I then read through each transcript several times so as to familiarise myself more fully with each kōrerorero before beginning the analytical process.

Overcoming limitations of these research methods

By drawing on both individual interviews and hui with kaupapa whānau this research overcame many of the proposed limitations associated with utilising one of these methods on their own. For example, critiques of focus group research are that they do not allow individual participant experiences to be explored in depth (Berg, 2007; Liamputtong, 2011), and that they lack depth of understanding of a topic when compared to individual interview methods (Barbour, 2007; Liamputtong, 2011). However, the individual participant experiences were specifically sought in the interviews, which also captured a depth of understanding about personal experiences of Māori alcohol use. Therefore, these limitations are overcome because both individual experiences and kaupapa whānau perspectives were drawn upon in this research.

Another critique is that some topics, such as those which are personal and potentially difficult to speak about, may be inappropriate to draw on in group discussions (Barbour, 2007;

Liamputtong, 2011). I did not see this as an issue in the hui with kaupapa whānau as questions specifically related to the broader and general social context of alcohol use with minimal focus on personal accounts that may contain personal information. Participants were also reminded they could choose what to discuss during the hui and that they were not obligated to share anything that may make them feel uncomfortable. While this minimised the potential for potentially difficult information to be shared, I was aware that some individuals may still choose to share personal information and I was mindful of ensuring this could be done in a safe and supportive manner. Conversely, during the interviews, participants were encouraged to speak about personal stories of alcohol use making this an appropriate space for personal and potentially difficult information to be shared.

It has also been argued that some participants may not contribute much in a group discussion (Berg, 2007; Liamputtong, 2011). However, in each hui with kaupapa whānau I noted that, while some participants did not contribute much to the kōrerorero, they certainly indicated clear agreement or disagreement with ideas put forward by other members and I felt this contribution was meaningful, albeit minimal. Further, I noted there was a mutual respect among members in each kaupapa whānau and this ensured that, during instances where there was a disagreement, members would collectively address this by exploring their differing perspectives and allowing each member to have their say. In this sense, I found my role was mostly that of a listener because the kaupapa whānau managed the kōrerorero themselves.

Personalities within the group may also determine and shape the discussion, which can be seen as a limitation (Barbour, 2007; Liamputtong, 2011). Among older Māori, this issue was minimised due to the aforementioned mutual respect held among members in each kaupapa whānau. This mutual respect enabled every member a fair and equal opportunity to speak. However, there were instances where one member took a lead role in kōrerorero and as the facilitator; I attempted to include other members by asking their perspective and thoughts on a point being made and encouraging all members to speak at various times during the hui. That

said another proposed limiting factor of group discussions is the difficulty of reaching a clear consensus about a topic (Barbour, 2007). However, given this was an exploratory study, I was not seeking a group consensus, rather I was interested in the diverse views of each member in the kaupapa whānau and thus sought a range of ideas and perspectives.

In summary, by utilising both individual and kaupapa whānau research methods I was able to overcome many of the proposed limitations. Together, these methods enabled me to gather rich and detailed information about both the personal and sometimes sensitive nature of individual experiences of alcohol use, as well as the broader societal perspectives of Māori alcohol use.

Analysing interview data: Thematic analysis

To uphold the principle of whakapiki tangata, I included a brief personal story of each participant and their alcohol related experiences in the thesis (Chapter 7) which also contextualised the research findings. For these stories, I drew on numerous participant excerpts to provide an overview of their story. I also ensured this was a collaborative effort, contacting all participants via phone and inviting them to review and contribute to their story. All thirteen participants chose to read and review their story and permitted me to post a copy to them in the mail (9) or to send a copy via email (4). Two weeks after the stories were sent, I phoned participants to receive feedback. One participant made minor changes to their story during the phone call. Two of the four participants who received an email copy made minor additions before emailing me their approved story. The remaining ten participants approved their story as is and all thirteen participants gave their permission for me to include their story in the thesis.

Thematic analysis was chosen as an effective and appropriate method for analysing interview data in accordance with Māori centred research. Thematic analysis is a suitable option for understanding narrative data (Braun et al., 2015; Riessman, 2005) and requires the researcher to identify, analyse, and interpret themes within and across data to illustrate collective meanings and experiences (Bold, 2012; Braun & Clarke, 2006; Braun et al., 2015; Reissman, 2005). Braun

et al. (2015) argue that thematic analysis as a method addresses questions about "individual lived experience" (p. 96).

This approach therefore coheres with Māori centred research because, as Durie (1997a) states, "[Māori centred research]... does not ignore the diversity of research methods…but it deliberately places Māori people and Māori experiences at the centre of the research activity" (p. 9). Thematic analysis thus allows for Māori people and their experiences to remain central to the research. In particular, I felt that thematic analysis would allow me to identify fundamental and culturally relevant components of older Māori alcohol use that were prominent within the data. Additionally, thematic analysis allows the flexibility to interpret data using a Māori cultural framework to reveal how Māori concepts and lifestyles shape alcohol use.

i] Doing thematic analysis

I utilised an inductive approach and drew on both the concept of 'open coding' proposed by Crang and Cook (2007, as cited in Bold, 2012) and Braun et al. (2015) step by step guide to doing thematic analysis to guide me in the analytical process. Phase one of Braun et al's., (2015) guide required me to familiarise myself with the data. As I had already transcribed each interview, I was relatively familiar with the data but I read through each transcript once more to re-familiarise myself. I also began my analytical engagement with the data by noting down "potential points of analytical interest" (Braun et al., 2015, p. 100). Phase two involved coding the data in each transcript. Crang and Cook's (2007, as cited in Bold, 2012) 'open coding' offers a rigorous approach to data analysis, with no pre-existing ideas about themes. Instead, the raw data is studied and elements within it are identified and coded by the researcher. Codes are based on descriptions of the elements identified and can be reviewed, altered, amalgamated, added or changed throughout the coding process until all the data has been studied and coded (Bold, 2012). I used the qualitative analysis program ATLAS.ti (Version 6.2), to record codes based on recurring, repeated, and compelling ideas across the data. Codes were also identified based on their level of importance or centrality to a particular story. As I identified various codes, I

highlighted the relevant data and labelled it with the appropriate descriptive code/s (Bold, 2012). Braun et al. (2015), state that this phase is continually evolving and my coding was revised several times as I became more deeply engaged in the data and identified new codes, or built on existing ones. Upon completion of this phase, I had 26 codes associated with data excerpts.

Phase three involved identifying broader themes these codes sat within by considering repetition of ideas across codes or ways in which the codes were related. I was mindful that themes might be multifaceted and nuanced and paid attention to both the variation in codes as well as the content I had highlighted for particular codes. During phase four I revised and refined the themes to ensure they fit with the coded data and told an accurate 'story' based on relevant data. I also checked to ensure I had not missed any important data during coding. Phase five required me to refine the focus and scope of each theme and to name them. I sorted the data in each theme to help me determine what 'story' I was trying to say about that particular theme. Some data excerpts were moved to other themes, or discarded entirely if they did not clearly illustrate the theme they belonged to. I also selected the excerpts to present in the findings based on those which most clearly and vividly illustrated the theme it belonged too. Phase six involved the final polishing and writing up of the themes, including the chosen data excerpts to illustrate each theme.

This approach to data analysis revealed that a) alcohol use occurred in four key social contexts: sport, work, family, and Māori culture, and b) across three key life stages: childhood, adulthood and older age. Various life events and social factors within each life stage were identified as having an influence on alcohol use. These findings are presented in chapters eight and nine of the thesis.

Analysing kōrerorero from kaupapa whānau: Narrative analysis

Rich and contextual data had been collected during the hui with kaupapa whānau and, at the forefront of my mind, was how I could prioritise privileging participant voice and their contribution to the research during the analytical process. Accordingly, I chose to employ

narrative analysis methods to provide insight into people's experiences and how they make sense of them (Atkinson, 2007; Bamberg, 2012; Hendry, 2007; Murray, 1997; Murray & Sools, 2015; Riessman, 2005; Squire et al., 2015; Stephens, 2011; Wells, 2011). Narrative analyses allow for Māori understandings of experiences and knowledge to be central in the analytical process, thereby aligning to a Māori centred research approach. I drew on two styles of discursive narrative analysis: narrative configuration (Polkinghorne, 1995) and a master/counter narrative framework (Andrews, 2004), to interpret the data because they allowed me to consistently privilege participants' voice and knowledge (Bishop, 1996).

Polkinghorne (1995) describes narrative configuration as "the process by which happenings are drawn together and integrated into a temporally organised whole" (p. 5). Essentially, it requires the researcher to organise data into a logical and coherent narrative account or story. This narrative subsequently gives meaning to the data in a storied form. The final narrative account is therefore a co-construction of researcher interpretation and participant contribution. By utilising the method of narrative configuration, I was able to analyse the data through a Māori cultural lens to co-construct a story of older Māori alcohol use which was informed by the participants in this study.

The master/counter narrative framework provides another suitable analytical approach to understanding older Māori people's shared perspectives of alcohol use. Master narratives are the dominant cultural narratives within our socio-cultural context that inform our understandings of reality (Andrews, 2004; Squire et al., 2015; Stanley, 2007). In telling stories, we draw on master narratives to help make sense of our experiences and to construct our identities (Bamberg & Georgakopoulou, 2008; Stephens, 2011). Master narratives emphasise particular "ways of being, acting, or feeling" (Kerrick & Henry, 2017, p. 2), dictating how we 'should' live our lives and understand our experiences (Squire et al., 2015; Thommesen, 2001). Often taken for granted, master narratives are assumed to represent a 'normative experience' (Andrews, 2004; Stanley, 2007) and function to "maintain social order by being cultural standards to which members of

society feel obliged to adhere" (Thommesen, 2001, p. 2). Master narratives therefore define the parameters within which we make meaning of our lives.

However, master narratives ignore the heterogeneity of human existence (Thommeson, 2001). Indeed, those who do not belong to dominant cultures often do not, or cannot, relate to master narratives and instead may draw on, or produce, counter narratives to make sense of their realities (Stanley, 2007). Counter narratives thus serve to contest and challenge master narratives thereby highlighting the interrelated nature between master and counter narratives (Andrews, 2004; Squire et al., 2015; Stanley, 2007). Regardless of whether people align to master narratives or not, they must engage with them, if only to contrast their own meaning making experiences (Kerrick & Henry, 2017; Stanley, 2007). A useful illustration of master/counter narratives is provided by Bishop (1999) who argues that a dominant, Western story of Aotearoa is understood in the context of "one people, of assimilation, integration and biculturism" (p.5). In contrast, Bishop (1999) describes a Māori story of Aotearoa as being understood in the context of "colonisation, marginalisation and poverty" (p. 5). Using this example, we can see how master narratives about Aotearoa do not align to Māori cultural (counter) narratives of Aotearoa. Importantly though, this master/narrative framework allows for Māori understandings of alcohol use, grounded in a Māori cultural perspective, to be privileged.

i] Doing narrative analysis

I initially read and re-familiarised myself with each transcript to begin my analytical engagement with the data. Then, adopting an inductive approach to data analysis, I again drew on Crang and Cook's 'open coding' (2007, as cited in Bold, 2012). Using the qualitative analysis program Nvivo 11 (pro, Version 11.3.2.779), I studied the data and identified recurring and compelling ideas that were highlighted and coded accordingly. Codes were repeatedly reviewed throughout the analysis until all data had been studied and coded (Bold, 2012). Upon completion of this process, I had 47 codes associated with data excerpts. Having coded the data I identified several dominant narratives that many of the codes belonged too. In particular, there was a

compelling narrative of ‘alcohol use and whanaungatanga’, and, participants had consistently drawn attention to a dominant narrative of ‘problem alcohol use’, in order to contextualise their own understandings of alcohol use. I chose to focus on these aspects due to their centrality in kōrerorero from each kaupapa whānau and employed two narrative analytical techniques to further interpret the coded data.

Narrative configuration

I had identified that members in all kaupapa whānau had consistently drawn on whanaungatanga when sharing their understandings of alcohol use. For example, during the coding process I identified the following codes: ‘alcohol supports whanaungatanga’, ‘the physical locations of alcohol use support whanaungatanga’, ‘it’s about whanaungatanga’, ‘alcohol is not necessary when there is whanaungatanga’, and ‘there are other options for supporting whanaungatanga’. While these codes had not been identified in any particular order, the process of data configuration; structuring the data into a coherent story (Polkinghorne, 1995), led me to structure the coded kōrerorero from all kaupapa whānau into a coherent and narrative account of older Māori alcohol use that centred on whanaungatanga. While structuring the coded kōrerorero I employed the process of ‘narrative smoothing’; selecting relevant, and discarding irrelevant, data to refine the narrative of alcohol use and whanaungatanga. Indeed, Polkinghorne (1995), suggests that data which is not pertinent to the development of the story should not be included in the final storied account. However, by drawing on relevant participant excerpts, I was able to weave participant voices into the story to produce a narrative of whanaungatanga and alcohol use.

Master/Counter narrative framework

During the process of coding, I identified that participants consistently drew attention to the dominant (master) narrative of problem alcohol use, either resisting or supporting this narrative whilst also constructing Māori cultural narratives which contextualised their own

understandings of alcohol use. For example, I had identified the following codes during the coding process: ‘young people are the problem drinkers', ‘problem alcohol use is a thing of the past’, ‘older Māori alcohol use is not a problem’, ‘alcohol use among whānau is not a problem’, and, ‘many marae are alcohol free’, ‘it’s not alcohol use that is the problem’. In particular, I had to consider how particular codes were related or distinct from one another and what purpose they served within the master/counter narrative framework. In doing so, I identified three Māori cultural narratives that these codes were relevant to. These were: ‘Not all Māori are problem drinkers’, ‘There is ‘good’ Māori alcohol use’ and, ‘Alcohol is not the problem’. These counter-narratives formed the basis of the findings because a close examination of the talk around relevant codes illustrated participants’ utilisation of a number of discursive strategies to resist or challenge being positioned in relation to the dominant narrative (Andrews, 2004; Squire et al., 2015; Stanley, 2007), of problem alcohol use. In addition, this close analysis showed how these participants were also aligning themselves to Māori narratives of alcohol use; which challenge the dominant narrative (Andrews, 2004; Squire et al., 2015; Stanley, 2007), of problem alcohol use.

In summary, these narrative approaches to data analysis revealed that a) older Māori perspectives of alcohol use are primarily understood in the context of whanaungatanga and b) members in each kaupapa whānau constructed Māori cultural narratives of alcohol use, which relied on a variety of discursive strategies that simultaneously resisted and supported the dominant narrative that problematises Māori alcohol use. These findings are presented in chapters 11 and 12 of the thesis.

Ethical considerations

Research tikanga and Massey University’s Code of Ethical Conduct (Massey University, 2016) governed my ethical obligations and decision making in this research. As Moewaka Barnes et al. (2013, p. 449) state, “if indigenous researchers do not conduct themselves with accountability to Māori ways of operating, the comeback will be much greater and more

devastating than any censure that an ethics committee could deliver". As emphasised by this quote, I had dual responsibilities and accountabilities to both Māori and Massey University when carrying out the second and third studies. I sought guidance from three supervisors who have knowledge and experience in conducting research with Māori to ensure I adhered to appropriate tikanga and conducted ethical Māori centred research. In particular, my cultural supervisor ensured the processes I followed aligned with the principles of Māori centred research and advised on appropriate research tikanga throughout. This section outlines the research tikanga and Massey University ethical principles that I adhered to in this research.

Research tikanga

In line with the principles of Māori centred research I drew on appropriate research tikanga to ensure the research processes were respectful and mana enhancing for those involved. Tikanga refers to Māori values, beliefs, customs and practices (Atatoa-Carr, Hudson, Kingi & Moore, 2012; Hudson, Milne, Reynolds, Russell, & Smith, 2007; Pere & Barnes, 2009) and provides a guiding framework for research practice. There were several ways I sought to implement appropriate research tikanga. For example, in the third study I sought the support of kaumātua; in the capacity of primary contact people, to assist in developing and conducting the research processes. I first met with, or spoke via phone to, potential primary contacts to discuss the research. Upon gaining their support, each primary contact person provided feedback on my research processes to help ensure ethical processes that uphold the integrity of the study. Every primary contact person opted to participate in the study and continued to play a pivotal role in guiding me with appropriate tikanga to be used during participant recruitment and data collection processes. Their presence in the hui with kaupapa whānau also strengthened the research process because they voluntarily took a lead role in facilitating the hui and drew on relevant tikanga as necessary.

Another key process for conducting ethical Māori research is whakawhanaunga (Bishop, 1996, 1998). As mentioned, in both the second and third studies whakawhanaunga occurred

between myself and all potential participants and primary contact people. The process of whakawhanaunga not only supports the development of positive and empowering relationships between participants and researcher, but also provides a foundation for implementing appropriate research tikanga to ensure ethical Māori centred research. Seven research tikanga developed by Mead (as cited in Cram, 2001) were drawn on in this research. While these tikanga were developed in response to kaupapa Māori research, they are integral for conducting ethical Māori research and are therefore applicable to Māori centred research. The tikanga are: aroha ki te tangata (respect for people), kanohi kitea (the seen face or face to face contact), titiro, whakarongo…kōrero (looking, listening and then speaking), manaaki ki te tangata (care and reciprocity, or to share and host people), kia tūpato (tread carefully, be careful), kaua e takahia te mana o te tangata (be cautious, don't trample the mana of the people), and kaua e māhaki (don't flaunt your knowledge) (Mead as cited in Cram, 2001).

Aroha ki te tangata is about respecting those involved in the research as well as those being represented such as participants' whānau or hapū (sub-tribe) (Pipi et al., 2004). It is similar to Massey University's ethical principle, 'respect for persons' (Massey University, 2016). A key feature of aroha ki te tangata is the requirement for the researcher to minimise any power differences between themselves and participants (Atatoa-Carr et al., 2012). Aroha ki te tangata also recognises the need for participants to "define their own space and to meet on their own terms" (Pipi et al., 2004, p. 145). When arranging the whakawhanaunga hui, I invited participants to choose a time and place that was suitable to them, and to have a support person/s or whānau member/s present. Providing these options coheres with aroha ki te tangata by allowing participants to meet with me on their own terms.

A specific instance where aroha ki te tangata became directly relevant for me to consider was during the third study when I discussed with members in each kaupapa whānau the possibility of using a pseudonym and removing identifying details to protect their identity and as per Massey University's confidentiality principle in the Code of Ethical Conduct (Massey

University, 2016). However, two challenges arose, the first was that several participants requested for their names to remain and one kaupapa whānau requested identifying details to also remain in the data. Their reasoning was, in telling their stories they were representing their hapū and their mana was connected to that information, so to remove identifying details would diminish the mana of their people and themselves. The second challenge I faced was the pseudonym's that some participants selected. For example, one participant chose the pseudonym 'Dustbin' and another chose 'Me'. I felt personally conflicted with these choices because I felt disrespectful referring to older Māori participants by these names. However, in discussion with my cultural supervisor, it was agreed that my primary responsibility was to uphold the mana of the participants and to support them to exercise their rights as per whakapiki tangata, mana Māori and in the spirit of aroha ki te tangata. Pere and Barnes (2009) also note that confidentiality may be culturally inappropriate due to it discounting the mana of the people involved in the research. For these reasons we included the participant chosen pseudonyms as well as the information some participants had specifically requested to remain. However, I do not distinguish between pseudonyms and actual names in the research findings.

Kanohi kitea stresses the importance of meeting participants in person (Atatoa-Carr et al., 2012; Pipi et al., 2004). Face to face contact among Māori is generally the preferred method of contact and has multiple benefits (Cram, 2001; Smith, 2012). For example, it supports the development of trust between researcher and participants, it shows potential participants exactly who will be doing the research, and, it provides opportunities for questions to be asked and aspects of the research to be clarified (Pipi et al., 2004). The Massey University ethical principle of ensuring informed consent ties in here because, by adhering to kanohi kitea, participants may seek clarification about and be informed of, the research more easily (Massey University, 2016; Pere & Barnes, 2009). As mentioned, I prioritised meeting with all participants and primary contact people in person in the form of whakawhanaunga hui and for the purposes of data collection, thus highlighting my adherence to the principle of kanohi kitea.

Titiro, whakarongo…kōrero encourages researchers to prioritise watching and listening during interactions with participants (Atatoa-Carr et al., 2012; Cram, 2001; Pipi et al., 2004). In doing so, it is argued that the researcher may develop a better understanding of participants and their social and cultural position (Pipi et al., 2004). This principle highlights the learning role of the researcher whose aim is to draw on participant knowledge and understanding of a particular topic (Moyle, 2014). I found this principle innate when conducting research with older Māori. Having been raised to respect my elders and having had very close relationships to several older people growing up, I found it relatively easy to occupy a position of listening when interacting with older Māori participants. Additionally, many of these older Māori occupied leadership roles within their whānau and communities and often took a natural lead in discussions, making my role as a listener easy to establish during data collection.

Manaaki ki te tangata emphasises collaboration and reciprocity; where knowledge and learning flows between participants and the researcher (Atatoa et al., 2012, Cram, 2001; Pipi et al., 2004). In a practical sense, manaaki ki te tangata is about ensuring participants are comfortable with the research processes. This principle relates to aroha ki te tangata, because by it is also about minimising power differences to support the development of a safe and comfortable environment for participants during engagement with the researcher. The practice of inviting participants to choose when and where they met with me for all hui, allowed them to determine a location where they would feel most comfortable in and that was accessible for them. Further, providing kai and a drink at all hui supports manaaki ki te tangata.

Kia tūpato is about being cautious; ensuring the care and cultural safety of the researcher and participants (Atatoa-Carr et al., 2012, Cram, 2001; Pipi et al., 2004). I followed kia tūpato in various ways. For example, in regards to keeping myself safe, I let someone know where I was going and how long I anticipated being gone, prior to meeting a potential participant for the first time. I also carried my phone on me when visiting participants. In regards to ensuring the care of participants, I was mindful to be respectful towards participants in their homes or other venues

we met at. This meant removing shoes before entering their home as well as offering karakia before and after each hui. I also enquired before beginning an interview or hui, whether participant/s were restricted for time and if so, what time they would like for the hui to conclude. For the longer interviews or hui, I offered to break for a cup of tea or kai to help ensure participants were cared for.

Kaua e takahia te mana o te tangata is about ensuring the research process is mana enhancing for participants and this aligns to the broader principles of Māori centred research as mentioned earlier. All research processes, from the development stages through to writing up of results should be done in a way that upholds the mana of the participants (Pipi et al., 2004). This ties in closely with aroha ki te tangata, because respecting those involved and keeping participants informed will help facilitate research practices that are mana enhancing.

The seventh guideline, kaua e māhaki refers to remaining humble and not seeking to flaunt your knowledge. Rather, a researcher should use their knowledge in a way that compliments participant knowledge or enhances participant mana in a respectful and positive way (Cram, 2001; Pipi et al., 2004). I sometimes found this guideline difficult to follow in practice because often participants assumed me to be an expert, given this was my field of research, and they would refer to me for my thoughts or understanding on ideas they had shared suggesting a need for me to validate their own ideas. During these instances, I would often remind participants I was there to learn from them, whom I considered to be the experts in understandings of older Māori alcohol use. Alternatively, I sometimes shared my thoughts if I felt that it would promote further sharing of knowledge by participants.

Massey University Code of Ethical Conduct

The Massey University Code of Ethical Conduct (Massey University, 2016) was also adhered to during this research. The research tikanga discussed above includes respect for persons and informed consent, and will not be re-covered in this section. My commitment to do no harm, and, aspects of privacy and confidentiality of participants, are discussed below.

My commitment to do no harm meant I needed to carefully consider the potential impact of asking participants to speak about their personal experiences of alcohol use in the second study, as well as how the questions in the third study may impact members in each kaupapa whānau. I knew that some stories might be very personal and possibly painful for participants to share. It was my responsibility to remind participants that they had the right to choose what they wished to share with me and that they could have a support person present with them if they wished. I was also mindful not to probe for additional information when a particularly difficult story was shared. All participants were also reminded that they could ask for the recorder to be turned off at any time, that they had the right to discontinue the interview or hui, and to withdraw from the study at any time. Information for alcohol support services was provided to all participants in the information sheets and should they request this (Please see appendices B and G). These processes helped to minimise any potential harm towards participants as well as adhering to whakapiki tangata and mana Māori.

Maintaining confidentiality was also an important ethical consideration in this research. Participants were not anonymous because they met with me and, in the kaupapa whānau; we were in a group situation. All participants were made aware of this at the initial hui and no one presented concerns about their identity being known to me or other members of their kaupapa whānau. I sought to maintain confidentiality by providing the option for participants to use a pseudonym and removing identifying details in the data during transcription. However, as mentioned, confidentiality was not guaranteed among all kaupapa whānau because my responsibility to uphold the mana of participants was prioritised. Further, in the third study, participants were also advised of the confidentiality clause in the consent form requiring that they do not disclose any information obtained during the hui, to other people. This was done prior to obtaining informed consent from all members of each kaupapa whānau. All copies of the data were stored in a locked cabinet in an office at Massey University and electronic files were password protected. Upon completion of the research the consent forms will be destroyed and all

data and remaining associated files will be securely stored for ten years with my supervisor or myself.

In summary, maintaining an ethical standard within Māori centred research meant drawing on relevant research tikanga, which was underpinned by the process of whakawhanaunga, as well as drawing on Massey University's ethical guidelines.

Reflections

My position in the research, including my values and beliefs, is understood to have an impact on the development of research questions, processes and outcomes. Indeed, Plummer (2001) states, researchers are "not a mere medium through which knowledge is discovered; he or she can also be seen as a 'constructor' of 'knowledge'" (p. 206). We must examine the social position of the researcher and how this influences 'constructions' of knowledge in a social world (Plummer, 2001). I approached the topic of Māori alcohol use with the understanding that alcohol use is located in a social context and, in order to more clearly understand the role of alcohol in Māori health and wellbeing, research must explore the social context. My stance on the topic influenced the literature I chose to explore, how I interpreted that literature, and, how I subsequently framed my perspective of alcohol use and my rationale for the current research. My theorising and researcher position also inevitably influenced the stories participants chose to share with me and my interpretation of these stories. This section highlights my position in the research, my reflections on why I chose a Māori centred research approach, and, how I dealt with traumatic and deeply personal information that was shared with me.

My position in the research

According to Smith (2012) researchers may occupy insider and/or outsider positions within research. I occupied both an insider and outsider position in this research because I am a younger Māori woman who also represented a Western academy and lived in the Manawatū (not necessarily in the participants' communities). Being Māori meant I had some 'insider

knowledge' into the culturally specific understandings of alcohol use that emerged during participants' stories. Additionally, my whakapapa connected me with some of the participants in this research and, having been born and raised in the same region as some of the participants, also meant I had geographical and community-based connections to some participants. Thus, both my whakapapa links and home place links afforded me an 'insider' status and prompted a sense of familiarity and trust between some participants and myself.

I was also an outsider due to my age. Smith (2012) argues that age is a critical factor in some indigenous contexts and can limit access to knowledge, particularly among older people. I was aware of how my age influenced participants' perceptions of my ability to relate to and understand their stories of alcohol use. Indeed, being younger meant I was not familiar with certain events or time periods such as the era of the 6 o'clock swill, which were relevant to these older Māori in terms of their alcohol experiences. Several participants commented on particular components of their stories as being 'before my time' suggesting I may not understand what they were talking about.

Further, representing Massey University placed me in an outsider position because I was viewed as belonging to a Western academy and therefore as not necessarily aligning with research objectives that would lead to Māori enhancement and development. This meant I was met with scrutiny by some participants. Representing Massey University also meant that some participants viewed me as being more educated or an 'expert' on the topic of alcohol use. For example, some participants made comments along the lines of "well you come from a university; you must be the expert on this 'stuff'". Through the process of whakawhanaunga, I was able to establish a sense of credibility with participants by clearly outlining my intentions and aims, in order to illustrate how my research and research processes aligned to broader Māori centred research goals such as upholding participant mana, ensuring positive outcomes, and contributing to current understandings of Māori alcohol use from a Māori perspective. I tried to assure every participant that I was there to learn about their knowledge and understanding of alcohol use. In

doing so, I sought to emphasise their role as the 'knowledge holder' (Bishop, 1996), to minimise a potential power differential among those participants who viewed me as occupying a more educated or knowledgeable position on the topic of alcohol use in comparison to themselves.

I was not embedded in the communities of these older Māori participants. I had simply entered their lives for a short period of time and for the purpose of conducting this research. Accordingly, I didn't have familiar and long term relationships with participants and, some voiced concerns that I may be judging them negatively based on their stories of alcohol use. For example, some participants made comments along the lines of "you probably think I'm an alcoholic after hearing my stories". I would respond to these comments by highlighting that I was interested in all ideas and experiences of alcohol use and that my task was not to make judgements about their alcohol use, rather that I was there to listen to their stories and learn about their understandings of Māori alcohol use.

Acknowledging my position in the research is crucial to gaining a full appreciation of how the findings emerged from this research. By occupying both insider and outsider positions I was both privy to, and potentially excluded from, some of the knowledge and understandings of Māori alcohol use. The factors which led to my occupying an outsider position were often addressed through the process of whakawhanaunga. This process enabled open and honest discussion with all participants which effectively prevented any misconceptions or assumptions from impacting on the research processes and outcomes. In turn, whakawhanaunga allowed me the time and space to 'show' participants who I was and what I 'stood' for, and this helped to break down some of the barriers created when occupying an outsider position in research.

Why I chose to conduct Māori centred research

As someone who identifies as both Māori and Pākehā, and strives to acknowledge both ways of understanding the world around me, I felt most comfortable utilising an approach which values Māori and Western research methods but which centrally locates Māori people, world-views and knowledge within the research context. I also felt my available research resources,

skills and knowledge best served a Māori centred approach. For example, when making decisions about the type of contact I would have with participants, I had to be realistic about the time and resources that were available to me as a doctoral candidate. By adopting a Māori centred approach I could prioritise meeting participants in person but within the bounds of available resources, which meant this only occurred on one or two occasions with each participant during the course of the research. For other Māori research approaches this may not be considered adequate in meeting research objectives relating to establishing ongoing and successful relationships with research participants and their communities.

Second, I was also able to draw on appropriate Western research methods, provided Māori people and their experiences remained central to the research (Durie, 1997a). This allowed me to draw on a range of appropriate research methods and build upon my existing researcher skills that have predominantly been shaped by my engagement in a Western academy; but whilst also allowing me to develop ways of privileging Māori knowledge and understanding within research. Again, I did not feel that other research approaches would allow such flexibility in determining which research methods are appropriate and applicable to use for Māori research.

Finally, as someone who does not have a high proficiency of Te Reo Māori, I felt that this was an important limitation I needed to be cognisant of in the research process. Indeed, I did not wish to do a disservice to those involved by overstating my abilities to conduct appropriate research with Māori. A Māori centred research approach allowed me to utilise my existing knowledge and understandings of Te Ao Māori (the Māori world), but did not specifically require that I converse in Te Reo Māori in order to meet Māori centred research goals and objectives. These examples illustrate why I chose a Māori centred approach for the present research.

How I dealt with traumatic and deeply personal information

One aspect of the research that I found personally challenging was dealing with traumatic and deeply personal stories of alcohol use that were shared by participants. While I had

anticipated hearing stories of painful and traumatic experiences related to alcohol use, perhaps naively, I did not foresee the extent nor the depth of detail that some participants would choose to share. In some ways, I felt they may be sharing their painful stories because it was cathartic for them and perhaps this was the first opportunity that they had to speak of these experiences in an environment in which they felt safe, supported, and that was entirely confidential. While this suggests I had achieved the goal of creating safe and supportive environments, as well as establishing a researcher-participant relationship built on openness and honesty I felt concerned that, upon reflection, these participants may not view this process of relaying their painful stories as being mana enhancing.

In particular, one participant spoke about a traumatic experience that occurred when they were young and that had greatly affected them throughout their life. I could see that, while the participant wanted to share their story, it was difficult for them to do so. They spent a long time talking about the trauma and about many subsequent experiences resulting from that trauma. While their story didn't always relate to alcohol use, I felt it was important and respectful to let them continue with their story. At one point, when the participant became visibly upset I asked if they would like the recorder turned off and suggested we take a short break or stop the interview entirely. The participant opted to take a short break and we turned the recorder off, however they were adamant they wanted to continue sharing their story with me and I felt it was important to respect their wishes and to continue to listen empathically to their story.

After I had finished data collection, I reflected on what had been shared with me. On the one hand, I felt both humbled and privileged to have been entrusted with participant's personal stories. However, having come to the analytical stage, I was confronted with a number of 'dilemmas'; how could I work with these data in a way that would uphold the mana and dignity of the participant? Should I even include this data in the analysis? Was it my right to analyse or interpret this kind of information? These dilemmas were discussed with my supervisors and the decisions that were made about the use of these stories were based on my commitment to honor

participants' voice and to uphold their mana. I removed specific details of traumatic experiences and instead, only referred to them as a 'traumatic experience'. I also sought to acknowledge the trauma in the analyses but tried to do so in a broader context where the focus was not solely on any particular individual and their traumatic experience. In doing so, I felt this would uphold the mana of the participants and also acknowledge the deeply personal information, which some had chosen to share with me.

Summary

The second and third studies were governed by a Māori centred research framework and narrative research methods and analyses were employed. Specifically, individual interviews were conducted with older Māori in the second study to gain insight into their personal stories of alcohol use. In the third study, hui with kaupapa whānau were held with older Māori to explore the socially shared ideas about Māori alcohol use. Both tikanga and Massey University's Code of Ethical Conduct guided my research conduct and processes to ensure the research was ethical and upheld the mana of the participants. My reflections of this research are included in the final section to explain some of the thought processes behind particular decisions that were made and to acknowledge my influencing role in the development of this research.

Chapter seven

Participant stories: Study two

Older Māori participants generously and openly shared personal, and sometimes intimate, details of their lives in relation to their alcohol use. This chapter tells the stories of the thirteen participants involved in the second study and their alcohol related experiences to contextualise the subsequent findings based on their stories. Each story comprises my own narration, where I tried to capture the central components of each participant's story, and participant quotes; to privilege participant voice in this research. In the interests of respecting participants' privacy and in an attempt to uphold their mana I have not included participant excerpts that detailed traumatic and deeply personal experiences.

Matua M

Matua M began by sharing what it was like growing up*, "my parents never drank much, it was only certain occasions like Christmas time, but even then, I never ever seen my father or mother drunk. In those days it was still quite hard for Māori to get alcohol".* Matua M only really began drinking around the age of nineteen when he and his first wife moved to where her whānau lived and alcohol was part of their lifestyle*, "my first wife's father, he had a farm and when it came to shearing his sheep he used to get all the family around and shear his sheep…and before they had cut the sheep out, father in law would get someone to go up to the pub and buy some beer and that's how it sort of started".* These early experiences were positive for Matua M, *"I'd just go along and they'd be about three or four families and all the kids and young teenagers and cousins would come down…then they'd start singing… I'd have one, have two… by the end of the night I was that drunk"* he says laughing.

From here, Matua M began drinking more regularly *"I started playing rugby for the local rugby team and alcohol was part of the culture. After the rugby, you'd go to somebody's club, or, if we were twenty miles out of town we'd go into town and play rugby. Instead of coming*

straight home, the bus would stop at the pub... so we'd be in there drinking… it was good… it was sort of like one big whānau". He also explains that working in the freezing works influenced his alcohol use, *"everybody drank, that was a done deal. Especially after pay night; we used to get paid on Wednesdays. So… that was a night at the pub"*. Matua M's alcohol use didn't change much when he had children. He also chose to teach his children to use alcohol responsibly when they were older. *"I believe why turn around and deny it? They turned out alright".* On the occasions he allowed his children to drink, it was in the presence of whānau and he would limit it to a few drinks. *"As they got older I gave them a bit more, but as they got into their teenage years they were accustomed to drinking rather than sneaking around and I thought that was a good thing".*

More recently, Matua M still enjoyed parties with his mates, *"a mate of mine and I, we used to jack up parties… my mate would go round and ask 'do you want to come to a party?' The ones that wanted to come party, I said 'well put some money in' and it used to go into a collection to buy beer for the party".* However, as Matua M has gotten older he has noticed changes in his tolerance to alcohol. *"I'm getting a lot older and I can't handle it like I did when I was a lot younger… Now, I only go out once a week and that's enough, and it takes me two to three days to get over it".*

"I probably have a good half a dozen, not every week, and sometimes I might go there and only spend twenty dollars, depends on my mood". One of the appeals of going to his local pub is that it provides a source of socialisation for Matua M in his older age, *"the majority of people coming in there are roundabout my age and there's quite a few young ones who drink there too so it's a mixture and its good. The other thing I like doing is going down there because they have karaoke every weekend and that is something I like doing"*. Matua M concludes by saying he doesn't believe alcohol plays a large role in his life anymore.

Matua W

Matua W lives in a small, rural community with his wife. He describes how he started using alcohol around the age of twenty one, *"when I went shearing, fencing and scrub cutting, that's when I started drinking. I was playing representative rugby too and so you got in that culture where, after the game, you had a few beers".* When he reflects on his childhood he says, *"I don't ever really remember mum having a drink, and dad didn't drink heavy. He'd have a few drinks, when I was singing… but …when mum died, he basically gave up drinking"*. When Matua W got married and had children he said, *"my drinking changed a bit, I'd still go out… I still had a few beers, but it was different".*

Matua W believes he had the capacity to become a heavy drinker *"I was always a wee bit careful with alcohol because… I think I could have become an alcoholic it was just, I had a great capacity for it. I could sit there and drink all night and get up and walk away so I wasn't one of those people that fell over or got stupid".* At one stage, he thought his alcohol use needed to change, *"it wasn't getting bad… I just knew that I could go down to the pub and have four bottles of beer just like that... but what I'd done while drinking that beer, I didn't remember and that's the scary thing".* Alcohol was also part of Matua W's work environment, *"when I was driving trucks, I was the area manager for a trucking company and so the big thing was, you went to a hotel and you talked to a lot of your clients… You get to know a lot more about them and what they really want to do at the hotel than you would sitting around talking to them* [at their home]*…So it made it a lot easier, I'd go down there and catch up with them over a beer".*

More recently, Matua W describes some of his alcohol experiences, *"my wife and I used to go out together and have social drinking... what do you call them, when you go from house to house? By the time you got to the last house...* [laughing] *because the problem was you had different alcohol at each house… you'd go to one and have cocktails and bites, then you'd go to the next one and have drinks and the entrée, then go to the next one for your main meal and a few more drinks, then the last one for your pudding and that".* Nowadays, Matua W still likes to

have a drink but it's not often, *"I haven't been to the pub for a month, but if I go down to the pub with my brother then I'll have a few beers with him…but I don't do it that often".* Matua W also enjoys a glass of wine with his dinner and may drink during a special occasion, although his choice of drink has changed in his older age, *"I used to drink a lot of ale and now I basically drink a lighter beer. I drink quite a bit of that, 2.5% stuff… because that's very light"*. He explains, *"I think everything changes as you get older, I can't absorb it like I used to…and I enjoy a lighter alcohol now".*

Matua W concludes by describing a social occasion he enjoys in his community, *"we have a thing called 'geriatric night' at the pub. When you turn sixty you join the club. When you get your first pension- you shout, and so for five years you get a free shout…You get a whole group of people basically the same age that have socialised all their life together. I don't go very often but every time someone turns sixty I'll go down and have a free beer with them... it's good".*

Whaea A

Whaea A began by describing her childhood in relation to alcohol use, *"I was bought up in it; my parents, my grandparents, they were all drinkers… and it's not only in my family... but it happened in all our families, alcohol was just rife through the whole family".* Whaea A started drinking alcohol around twelve years old, *"with our parents and uncles drinking, they would just give us a glass. So it sort of just started from there".*

During early adulthood, she says, *"I can remember walking around with about six glasses of bourbon, one piled up on top of the other",* and she shares personal stories of violence which occurred as a result of alcohol use. During her first three pregnancies, Whaea A continued to drink alcohol, *"that's all we did, it's all we knew".* She recalls seeing her aunties pregnant and drinking alcohol too*, "I've seen my mum after a party, when one of the aunties went home because she was due. She started going into labour so my mum; who was drunk, and I went with her down to the house where she delivered the baby on the floor".*

Whaea A's adult years saw her separate from her first husband, re-marry and have three more children. A particular incident however, motivated her to change her alcohol use. *"I got home from a party, I was drunk, and I had my kids at home. My husband had gone away because my drinking was causing big problems between us, but I didn't really care. Anyway, I came home and fell asleep and I could feel my kids kissing me before they went off to school. I could hear my daughter, who was maybe thirteen or fourteen at the time, saying 'oh mum we're all off to school now'... and it was that. I just woke up and stared straight in to the mirror at the end of the bed and that's when I thought I had to make that change".* Whaea A moved her and her children to the South Island to live with a whānau member. Once there, Whaea A abstained from alcohol and focused on her whānau. She began attending meetings for women who had experienced abuse*, "they videoed all the women going into this programme, there were nine of us and we were all down and out. Then they started the session and the old lady that was running it, she stood up and she talked about her life, and we could relate to some of it. Then somebody else would get up and talk about themselves and I stood up… When I finished* [the programme], *it felt like a whole lot of things had gone. It had just lifted off and I just felt really different".*

Whaea A moved back to her hometown after spending several years in the South Island and began reconnecting with her Māori culture. She recalls a particular experience, *"we went to the lake and there was some flax there and the teacher asked me if I knew how to weave. I said I wouldn't have a clue and an old kuia* [elderly woman] *came and started showing me. That's what I do today; I do weaving and korowai".* Nowadays, Whaea A says, *"sometimes if I feel like having a drink, at weddings and that, I will have one glass of wine or something and that would be it for me".* At the end of the interview, she adds, *"with alcohol, I've seen a lot, I've seen a lot of damage that a lot of my family have gone through…but I wouldn't blame alcohol but the people were full of alcohol when all these things happened".*

Whaea P

Whaea P began by describing her father's alcohol use, "*my father wasn't a drinker… we might have had alcohol on special occasions, you know when guests came over, but, he never consumed a lot. I can honestly say that my father wasn't a real boozer".* She believes part of this was due to being raised in a rural and isolated area, *"you just socialised on your own and we just made a family thing of everything we did. You can see by my size we had food, food and more food, but there wasn't a lot of alcohol"*. Whaea P spoke of a particular whānau occasion*, "we used to sit on this hill, there was a river running between us and the next family farm and we would light bomb fires and fireworks…After about two hours when the fires were dying down we used to light all the fireworks up. We used to have fun and there was no alcohol… mum used to make steamed pudding and we used to have this special dinner… It was like we were having a picnic at nine o'clock at night, but that was the kind of fun we had and we didn't need alcohol and I think it was because my father didn't drink alcohol".* Coming from a big family, Whaea P talks about her sibling's experiences with alcohol, *"as my sisters got older, they left home. Man, could they hit the booze, and I didn't like it".* In contrast, Whaea P never really used alcohol herself, *"I went to boarding school, from boarding school, I went nursing and then when I met my husband, he used to take me out. He used to drink…in moderation, and I used to go out with girlfriends… and take lemonade or Fanta out with me".*

One occasion her and her husband enjoyed a drink together was on their birthdays, which were close together. Whaea P jokes, *"I was the boss, we celebrated our 40th, our 50th and our 60th and we celebrated 40 years of marriage before he died, and that was good".* Other than these occasions, drinking for Whaea P is a rare event, *"booze doesn't do much for me. My kids don't drink booze either. Oh, sorry, my youngest son used to drink a bit… but he's settled down now"*. Whaea P recalls her birthday celebration one year, *"we had a party here at home for me and I was drinking with my neighbour. I'd just started drinking wine and I got sloshed that night, I don't know why, and my kids had to put me to bed… It was funny when my two oldest boys put*

me to bed. I started to cry and my son said 'what's the matter now mother?' 'I don't sleep with my underwear on'… I think my son would have been about fourteen and you know just things like that make you laugh but its good, clean fun".

Despite not drinking often, Whaea P belongs to the local 'cozzy' club where she goes regularly*, "I run the housie and every week I get a bottle of Jim bean, one of those ready to drink ones, and because I'm having a seventieth birthday soon I just save them. I put them in a box and put them in my wardrobe".* As Whaea P has gotten older she has begun drinking the occasional wine with her next door neighbour, *"she's the only one that I drink wine with…Her and I, we have a good time but then we both know when to stop and I can".* In general, she says *"booze has never really worried me"* and she describes her alcohol use as always being minimal across her lifetime.

Matua MC

Matua MC grew up on a small farm where he was raised by his grandparents, *"we used to have big gardens and we fed ourselves from things grown in the garden".* He recalls, *"when we finished working in the garden…grandfather would pull out a bottle of beer and we'd all have a glass, but that was it, one glass of beer".* Matua MC describes minimal alcohol use during his childhood, *"alcohol was something that we had at Christmas and New Year…and on a Friday night"* when his grandfather would share two or three bottles of beer with his farm workers before they went home.

At seventeen, Matua MC says, *"I was working in the meat industry and I went to the pub with everybody, despite being underage. I used to take two shillings, that would buy you three glasses of beer".* When legislative changes occurred and pubs went from closing at six pm to ten pm, Matua MC altered his 'three drinks policy', *"I extended my policy to three handles because it used to be three eight ounce glasses".* Although, he believes that with ten o'clock closing, drunkenness became more visible and he would leave early to avoid the 'drunken scenes'.

Matua MC then gained employment in the forestry industry where he spent most of his working life. During this time, he maintained his 'three pints of beer' rule at the pub. Sometimes however, if there was dancing at the garden bar, he says, *"I'd have a few more… over four to six hours I'd break the rule…but you still had to get home and be sober enough to drive so I was always mindful".* Working in the forestry industry also meant Matua MC was often staying in the bush for long periods of time*, "I'd have some little cans of beer and I'd have one as I cooked my tea".* Matua MC also describes enjoying alcohol with his wife when she was alive, *"we used to sit and drink a couple glasses of wine every night at home. She used to go to the pub on a Friday with her mates from school and I would often join them for a couple of drinks, then we'd come home".*

Matua MC is concerned about alcohol use among Māori in the present day, *"since availability of alcohol and opening hours of bars has been extended it has become a worry as more and more Māori people get hooked into serious drinking... and the crime rate has gone up… booze and drugs are killing our people".* Matua MC believes we need to look back on how things used to be in order to make positive changes in our society*, "we need to get back to some simple things like growing our own gardens, to provide a different, easier way of life. We all need to promote saving and getting our own homes. Families should all have a carpenter and a plumber with trade certificates so that we can all have cheaper, fully compliant housing instead of living in old damp shacks".*

When asked if Matua MC drinks alcohol now he replies*, "my neighbour and I go and buy a lotto ticket and go to a little bar where we have a five dollar handle… so we sort of have our little ritual on a Friday night or Saturday night to have a break… and at five o'clock I usually have a glass of wine or a beer … probably 350 days of the year"* because he enjoys the taste and says, *"if I can't have a glass of wine at seventy four years of age it's a pretty poor outlook on life"* [laughing].

Whaea PC

Whaea PC was born and raised on a farm in the North Island. She describes her parent's alcohol use minimal, *"my father never drank very much alcohol because, he would say, 'well if I go and drink alcohol I can't manage the farm'. So, dad was sober as far as I was concerned".* Although Whaea PC recalls an occasion when her parents did drink alcohol, *"when we were kids we'd go into town, because we lived out of town. So, we'd go and play our sports and they'd go and watch the rugby. This is when the cows weren't being milked, and mum would drive us home. Dad would go to the pub and mum would go with him but she'd only have a sherry or something and he'd have two to three drinks".* Growing up, Whaea PC and her siblings were not allowed to drink at home. She remembers her father saying, *"'no no no' he said, 'you do stupid things when you're drunk…".*

Whaea PC describes her own alcohol use, *"basically I never drank at all until I started nursing … and you get to know somebody and you're all off duty so we'd go out or, because I wasn't old enough to go to the pub, but the older ones would get the beer and we'd go and have a few drinks but I never indulged in it all that much because you had to get up and start work again at six o'clock in the morning".* She does recall a particular occasion when she *"indulged a wee bit too much in alcohol".* She explains, *"I started playing golf, when you came in afterwards, you'd have afternoon tea and they'd put on the tea for you… I loved staying there and having all those people to talk too... The kids were old enough, I'd leave the tea ready… they would have it cooked by the time my husband came in, and I'd slightly over indulge, I must admit then... I just enjoyed the company and the talks".* She also describes how her role as a mother resulted in a decrease in her alcohol use, *"usually you're too busy seeing to the kids. They'd have babysitters and they'd come round, but by the time I'd saw to the kids and everything else… well I'd have one or two I suppose but I've never been... how can you put it, one that wants to just get 'sozzled'".*

Whaea PC eventually chose to abstain from alcohol completely, *"we moved into town and after about a month, I'd had enough of all that rubbish* [referring to alcohol] *and just threw it out and it never worried me and I haven't had a drink for nearly thirty years, of any sort of alcohol".* About ten years later, Whaea PC's husband was also required to abstain from alcohol due to health reasons, *"he's had to give it up …because he found out that he actually had a heart problem".* She describes the impact their abstinence has had on their social lives, *"one thing, if you give up alcohol, friends don't come visit you the same".* However, Whaea PC says, *"I'm still involved with a lot of people with alcohol... If we have a family doo, the boys might have two little beer bottles and the two daughter in laws and the daughter; they might drink a couple of glasses of wine, but that's all".* Whaea PC ends the interview by reminiscing on her alcohol use, *"alcohol's never ever really worried me. You drink it to put yourself in a cherry mood, but I can take it or leave it. I've always been known to take it or leave it. If you went somewhere and weren't allowed a drink it didn't worry me".*

Whaea D

Whaea D began by sharing her childhood memories of alcohol use within her immediate family, *"growing up as a child, there was no alcohol in our house at all until my older sister got married and her husband drunk. They would come to our house on the weekends and she would do her washing and he would drink his flagons. So, that was more or less the first real contact I think I had with alcohol".* She says *"we were brought up quite religious"* to explain the minimal alcohol use within her family. When speaking about alcohol use among her extended family however, she describes heavy alcohol use, *"my personal experiences with people who drank alcohol in our [extended] family have been that generally, they drink it to excess"*. Whaea D believes some of her family members were alcoholics, *"I have a brother in law that we say, if he bled- he would bleed beer. You know he just tops up basically".*

In relation to her alcohol experiences during early adulthood Whaea D says, *"my experience of alcohol use was, I married a man who was in the army and he drunk. I wouldn't*

say excessively, but regularly, and he drunk underage". She also recounts her first experience at the pub at the age of twenty one, *"a policeman kicked me out that night and told me to go home. He said my mother would be looking for me and I said, 'but I am the mother'".* As a mother of young children, Whaea D was never particularly interested in alcohol. When her husband went out drinking at the hotel or to parties she would often stay home, *"I stayed home and I only ended up going out with him when the children got a bit older, and our oldest was able to babysit. That's when I decided I would go out".*

When the children were older, Whaea D began joining her husband during social events where alcohol was present, *"I would go, but I wouldn't necessarily drink. I would drink non-alcoholic and then after a while I thought, well if I can't beat them I would join them. So I started drinking alcohol and I think we all, at stages, drank to excess and I found that when I drank to excess I was pretty violent".* While she learnt that alcohol made her want to fight, Whaea D didn't actually engage in fighting. However, she decided to abstain from alcohol for a number of years as a result of how it made her feel. Whaea D also describes her adult children's alcohol use*, "my children experimented with drugs more than alcohol, I think one went through a patch where she was drinking quite heavily for a while but she doesn't drink at all now… My oldest boy drinks, but my other two boys don't drink. They might have an odd can of beer but you know I wouldn't call them drinkers".*

As Whaea D has grown older, she has resumed drinking alcohol on occasions and she explains her reasons for this, *"I think because everyone else I knew drunk [alcohol] and I no longer had that responsibility of the children… I mean I'm responsible for my own actions… and I can limit it…so yea, I enjoy having a social drink now, whereas once upon a time I wouldn't have".* Whaea D shares a typical alcohol experience to describe her current use of alcohol, *"I might still drink top shelf but I probably wouldn't have any more than about three or four drinks at the most, and it would be occasional. Like, we go away about once every six or eight weeks and while we're away I might have a drink or two but other than that I very rarely drink".*

Whaea C

Whaea C began by describing her childhood memories of alcohol use within her whānau, *"my parents wouldn't drink a lot because they had to feed all these kids but they used to have parties at home with lots of uncles and aunties. It was six o'clock closing too, so they were all pretty tanked by the time they got to our place at half past six with their flagons… there was lots of singing and lots of laughing… but it wasn't like a regular, and my parents never drank in between parties".* Whaea C explains that these parties would only happen when there was a special occasion, a birthday or a wedding for example. While Whaea C shares positive stories of alcohol use during her childhood she also describes traumatic experiences that she endured. These experiences have had a significant and lasting impact on her and this was reflected throughout the interview.

Whaea C recalls the first time she tried alcohol, *"I was introduced to alcohol when I was fourteen years old and the next door neighbour Mr. I… he said 'you can have a little sip' and I was going round getting a sip from everyone's glasses… and I was ill, oh god I was sick, I never touched alcohol again until I was seventeen".* At seventeen, Whaea C was working as an usherette at a picture theatre and she describes how the socialising practices within her work environment often involved alcohol use. *"We'd put the full house in at seven thirty pm…by eight o'clock we had everyone seated... We wouldn't have to come back until ten or eleven o'clock when the movie finished… so we'd go across the road to the hotel and get plastered, every Friday and Saturday night".* Then, Whaea C began nursing and the regularity of her alcohol use decreased in response to the change in her work environment. *"You had to do long stints, fourteen days without a day off… so you couldn't drink then. When I had my four days off after fourteen days though, I'd get plastered".*

When she met her husband, Whaea C began drinking more. She attributes this to both the trauma she experienced in her past, and, because of the change in lifestyle, *"when I met him, he drank every night after work; beer. So, I'd have one and two and three…it got to the point where*

I'd wake up in the middle of the night and I'd have a bottle of beer beside the bed and I would drink it" Whaea C explains that regular alcohol use, as part of socialising practices, was normal among those in the forestry industry where her husband worked. She explains, this was due to living in very isolated areas, with just six to ten houses of permanent staff living on site and limited opportunities to head to town, which was often a five to six hour round trip.

Whaea C's alcohol use decreased when her son was born and very minimal when she gained permanent employment, *"I had to be switched on all the time, my job was my life".* Whaea C committed much time and energy to her work which had negative consequences on her health and wellbeing. Eventually, she developed health issues which required her to be on medication that interacted with alcohol and resulted in her abstaining from it completely, *"I don't drink at all now because of my medication, it* [alcohol] *would make me sick".* Despite this, she does miss alcohol, *"don't get me wrong I'd really like to sit down and enjoy a glass of wine".*

Matua A

Matua A began by saying, *"I was born in ***... I left school at the age of eighteen and joined the New Zealand police… I was posted to *** from 1957 until 1962. I transferred to *** and have been here ever since".* Matua A had a long career with the police force and has been retired more than twenty years now. When describing alcohol use within his family environment during childhood he says, *"in my family it was non-existent… well very seldom use, because number one; we had no money. Number two there wasn't access because there was only one hotel and that was out in the bush and there were distances that were required to travel, but basically there just wasn't any money".* Matua A recalls trying alcohol for the first time around the age of fifteen, *"I suppose I had a drink when, on the weekend in the rugby season, when we were playing rugby, which was probably typical of a lot of people".*

During his working years, Matua A describes minimal alcohol use, *"I think in the particular circles that I moved in, it was less frequent and… it was looked down upon anybody*

who participated [in alcohol use]". He also believes his lifestyle at that time restricted his alcohol use, *"I was living in a Māori Boys Presbyterian hostel… We were all apprentices…and there was always a code: there's a dress code, a behaviour code, a language code and of course there was a church requirement too… So you didn't get a lot of opportunity* [to drink] *and of course… money was restricted".* Alcohol was not permitted at the hostel and Matua A's shift work schedule further restricted his ability to drink alcohol. *"In those days we used to work what they call the eleven day fortnight, we get a day and a half off each week. If you're lucky, you get three days off together at the end of your fortnight… So we'd spend the first day of our day off cleaning all our gear and getting ready for when you have to go back to work. Then, we would go and have a few beers".* For much of his working life, Matua A describes his alcohol experiences as part of social occasions where alcohol was present but not the main focus, *"our focus was the enjoyment, the company of your friends".*

After he retired Matua A continued to describe factors which restricted his alcohol use, *"I became involved in community work and that took me through into the evenings, and kept me involved with the community. So you didn't have the chance to have a beer all the time".* However, his circumstances changed several years ago, *"I needed some surgery and I needed to be hospitalised, so I resigned from all my committees".* He describes how he managed his alcohol use as a result of the changes to his lifestyle, *"I said to myself, 'you're by yourself now, you're going to have a lot of free time, you going to go have a beer? Yes, how much? How often? And who's going to pay for your booze?' Well, all those decisions were mine, three pints a day, I could handle that. How often I go? Every bloody day if I can, and who's going to pay* [points to himself] *so it was simple".*

At present, Matua A drinks every day if he can but adheres to his 'three pints only' rule. Generally, he drinks at one of the three Returned Services Association's (RSA) he belongs too. *"I'll get there about quarter past four…I go and meet a lot of my mates, we chew the rag, we talk about the All Blacks, we talk all sorts…and you get it off your chest. If you're going to give*

somebody a hard time that's the place to do it, because it doesn't go much further. But that's how I use alcohol".

Whaea Y

Whaea Y began by describing her ideas about, and use of, alcohol during her youth*, "I remember when we were teenagers; the goal was to reach twenty one, to legally be able to go to the pub… I mean that was the dream"*. Whaea Y was an avid sports player during this time and she related alcohol use to her sporting environment*, "alcohol and sport just seemed to go together…back in those days. I must have been eighteen or nineteen at the time and if you played sport you knew you could get access to alcohol after your game".* She also shared memories of going to the pub during the era of the 'six o'clock swirl', when pubs closed at six p.m, *"at about twenty to six everyone would be filling up their jugs so that they'd all be brought before six o'clock. That was a swirl that one"*. However, due to her sporting commitments, Whaea Y says*, "Saturday was probably the only day I drunk, hung over all day Sunday… binge drinking, yea…once a week but it was something to look forward to".* In contrast, Whaea Y observed little to no alcohol use in her childhood environment, *"there was hardly any alcohol use, I was the lucky one who was brought up by my grandparents…and alcohol was not the main concept of our house…because granny and grandpa never drank excepting Holy Communion wine".*

Whaea Y describes a decrease in her alcohol use when she got married and had children, *"we had the grandparents to mind the kids, there were still parties to go to, and of course I wanted to go to those parties... but it changed a bit, it was once a week…until the kids got older I think".* These experiences were happy and positive for Whaea Y and she stresses that there were always whānau looking out for her to ensure her safety, *"we were lucky because we had cousins, boy cousins; our same ages, who actually always looked after us, we actually looked after them too".*

An important part of Whaea Y's life is her marae and she shares how alcohol is used there, *"we've always had alcohol on our marae, but …we believe we control it over there".* She

attributes this to having tikanga in place, *"one thing we're pretty strict on is at a tangi… no drinking until after the body is buried…It's the tikanga; the rule of the marae"*. More generally, she says about alcohol use at her marae, *"it's just safe. I mean we drink wine now, after a tangi or function, but we don't have a piss up. We have singing, we have a few 'drunkies', and then we just make them go and lie down in the meeting house and sleep it off... So to me, the marae is a safe place to drink because someone will look after you".*

Whaea Y describes her current alcohol use as occasional and not the main focus of the event for her, *"now when we have a few drinks, it's like we have to dance or sing, and someone is on the guitar mainly, but karaoke seems to come in. We love that, so drinking is not the focus here".* Although, she says*, "when I'm really in the mood… we start at twelve pm and we're home at eight pm… I could drink one bottle of wine. That's about four glasses, but at my age now I cannot stand being hung over… So I'll put a limit on me when I drink no matter where I am".* More broadly she says, *"yes, my alcohol use has changed as I've gotten older. I'm supposed to be wiser and I want to be a role model for the grandkids too".*

Matua L

Matua L began by describing a negative childhood story of alcohol use in his family environment, *"when I was a child I had an experience, my father beating my mother up, as a result of alcohol".* Although, he explains, *"my father was a great man, a wonderful man … and I look back on it now and I can only recall that one instance when that happened".* He goes on to describe his first alcohol experience, *"I think I must have been about ten or eleven when I had my first bottle of beer and that was underneath the bed…It was bloody horrible".* After this initial experience Matua L refrained from alcohol use, *"it was offered to me during rugby trips and school trips but I never used it then I didn't see the need for it".*

It wasn't until he started working that he began using alcohol regularly, *"once I started working, I got into the shearing sheds, that's pretty synonymous with alcohol… Certainly when I was in the freezing works, after work we'd go down to the pub. On a Friday…me and my mates*

would go down to the bottle store and get a crate of flagons and that's how we passed our Friday nights; we'd get 'blottoed' you know". Matua L also describes drinking alcohol most Saturday nights due to his involvement in a sporting environment, *"I'd have rugby, then, when you come home after rugby, you're not really 'off your face' but you go looking for a bit more excitement and there was always a dance. They had bands from all around the country…and yea we'd get smashed".*

When he reflects on his past alcohol use Matua L says, *"I was having a good night down at the pub Wednesday to Saturday and then the rugby league on Saturday and Sunday meant that I was drinking a lot. I look back now over the years that have gone past and I think 'well… if I was at the pub who was at home looking after my family? I certainly wasn't there. So for me now…I've missed something… all that time that I was at the pub".* At one stage, about eight years ago Matua L felt his drinking did get a little problematic, *"I used to drink Jim Beam and a bottle used to last me about a month, a forty ounce. Then all of a sudden it started getting a bit tasteless so I just poured a bit more... It got to the stage where a bottle wasn't even lasting a week".* His partner and adult children expressed concern about Matua L's alcohol use and this prompted him to make changes, *"when it was pointed out to me by my children and people who are very close to me, I took heed of that warning... and I listened to what they were saying".*

Nowadays, Matua L doesn't drink a lot of alcohol. He describes an occasion where he meets up with a group of old friends about twice a year, *"we just go out and have a few drinks and have a meal. I think at the last one I had about one drink".* Matua L also has a drink most evenings, although he says, *"I don't really need it…and if I were to question 'why am I doing this?' The answer is 'because you're stupid'… I don't need it".* He goes on to say, *"I do enjoy a beer although I don't keep any in the house".* Reflecting on the role alcohol has played in his life he says, *"I think alcohol played a very important part in my life because it showed me what I have been, what I could've become but what I didn't become because I chose to go another route".*

Matua T

Matua T began by reflecting on alcohol use within his family during childhood, *"I can remember my parents were both drinkers. My step dad was quite a heavy drinker and my mum; she just sort of went along with it. All my uncles and aunts; they're all drinkers but I remember we used to have a lot of parties when we were young kids. There was always beer there, but I used to like it, you know, my uncles and aunts, they were just brilliant people. They never fought or anything, there was no anger there. They just enjoyed themselves and they're a musical family and guitars and stuff came out. It was really good; I enjoyed my teenage years, even when I was a kid growing up".* Most of the parties' Matua T remembers were at his grandmother's place, *"she had a big house and my grandmother had twenty two children so they all gathered there most of the time".* These occasions often involved whānau, *"mostly uncles and aunts and some of their friends… they used to put hangi's on for our birthdays. They'd go down the pub and they used to have the horse and sleds and they used to come back with these eighteen dollar gallon kegs on the sled and I remember them breaking them open. They used to have real good times".*

Matua T recalls having his first beer when he was about fourteen, *"we just snuck it you know, when no one was looking"*, he says laughing, *"but I wasn't really a drinker until I left home because I was a Christian... then I joined the railways and I backslid. That's when I got into parties and stuff".* During his early adult years Matua T would drink frequently*, "I was staying in the single man's camp because we had all these little huts and I remember getting kicked out of the pub a couple of times, I looked too young anyway, but it was really good times there… and after the pub closed we'd buy some beer and then we'd take it back to our huts or into someone's house".* Matua T remembers these experiences as positive and enjoyable. He would also enjoy drinking on the occasions when he wasn't working a shift and could play rugby for the railway rugby team on Sundays, *"it was just a social team, we used to get drunk there, we would travel to other districts and they used to travel to the main centre and it was just awesome".*

Then, when he got married to his wife, his alcohol use changed and this was related to a subsequent change in his social milieu*, "we used to have friends come here; we used to have quite a few parties here"*. Some time, after their children had gone to college, Matua T and his wife separated and this affected Matua T a lot, *"after that, I drank for about five years, I was drinking real heavy just trying to you know drown all my sorrows, and funny thing-I ended up in the mental hospital… only for a couple of weeks because I was getting quite bad with my drinking… and I met this Christian nurse in the hospital and I re-committed myself to the lord again... It's been a hard ride but I hardly drink now only on special occasions".* He smiles as he remembers his last birthday, *"my daughter put on a party for me, I had one beer that was all"*. Reflecting on his past alcohol use, he says, *"I reckon if I kept on drinking the way I was, my kidneys would have been shot by now. My health would have been down the drain but now my health is good so I want to keep it that way".*

Matua MK

Matua MK began by describing his current alcohol use, working backwards in time from there, *"I'll get a box of beer, I always get the one with the bottles and that will last me a year".* He provides an example of when he may drink alcohol, *"on a nice sunny day during the summer, I quite enjoy having a nice cold beer, but in saying that I can only drink a half stubby".* He doesn't really enjoy the taste of alcohol which is one reason why his alcohol use is, and always has been, minimal. Another reason for minimal use during his early adult years was due to his work commitments, *"I never drank much because I had to go back and milk anyway so I had to be up at five or five thirty, ready for milking at six o'clock… So I suppose that was another reason why I didn't touch the stuff".*

During much of Matua MK's adulthood, he worked for a local business where he would describe going to the pub about ten times over the twenty years he was employed there, *"I used to shout the freezer boys… a night out over the Christmas break. We used to all congregate and we'd have all our wives there, it was a good evening".* Matua MK describes having one glass of

alcohol and his wife having a non-alcoholic drink. He also describes the limited times he has become intoxicated from his alcohol use, *"I got tiddly about three times...* [in his life] *It was just the company we were with, my wife and I… It was at a dinner date, good friends of ours and they bought a magnum and I bought a bottle and bang me days it was just her and I… we got really tiddly… So that's happened about three times, same company, same situation".*

Matua MK grew up with his grandparents on their whānau farm. When he reflects on the alcohol use he observed as a child in his whānau environment he says, *"it was like… 'Once were warriors'… there where a lot of parties at our marae about one kilometre from where we lived. They used to start Thursday on payday right through to Sunday when they went to work… my grandparents were drinkers; they weren't big drinkers but when they did drink, it was violent, and my grandmother used to go out now and again and get drunk out at the marae with them… Yea there were parties everywhere and I sort of grew up amongst it".* He describes the parties, *"they were like a social thing because they had the guitars and there was always singing and music. It wasn't just straight out drinking, well it was like a gathering in each house but there was always alcohol there and it was just slow drinking, having meals and laughing and playing the guitar and singing. But that used to last four days".*

However, Matua MK also recalls the violence that occurred during these parties, *"now and again one of the kids would come along and probably get a thwack, but not often… We'd see them,* [referring to the adults before a fight] *'oh there's going to be a fight' and of course we'd all run off".* He goes on to describe his memories of some of the kuia present at these parties, *"she would be drinking with a glass of beer here and a cigarette hanging out here and she would say 'come to aunty, give aunty a kiss' and you don't want to go, but you'd get a crack across the back of the head, 'go give your aunty a cuddle'. She would be full of beer and cigarettes. I used to hate it but it's just one of those things".* Matua MK's early observations of alcohol use influenced his ideas about alcohol use and he describes alcohol playing a minimal role across both his and his wife and adult children's lives.

Summary

These brief, personal stories give voice to each participant and highlight the diversity of Māori alcohol use. They also provide a context for the subsequent findings of this study which are presented in the following two chapters (Chapter 8 & 9). Chapter eight highlights four social contexts of Māori alcohol use. Chapter nine describes socially based trajectories of Māori people's alcohol use across the lifetime, and both chapters highlights social factors or events which influence alcohol use.

Chapter eight

Study two (a): Older Māori' personal experiences of alcohol use

The second study in this thesis builds on the findings from the first study and contributes to current understandings of the social context of Māori alcohol use. Ethical approval was granted by Massey University Human Ethics Committee: Southern B (13/48). Using semi structured interviews, this study aimed to explore older Māori individuals' personal experiences of alcohol use. The specific aims of study two were:

1. To understand the broader social location of alcohol use within the everyday lives of older Māori
2. To understand the social factors which influence older Māori people's alcohol use.

This study is reported in chapters 8 and 9 which have been written as papers for publication.

The chapter is published as:

Herbert, S., Forster, M., McCreanor, T., & Stephens, C. (2017). The social context of alcohol use among Māori in Aotearoa/New Zealand: Reflections of life experiences of alcohol use by older Māori. *International Journal of Indigenous Health, 12*(1), 57-74. doi:http://dx.doi.org/10.18357/ijih121201716904

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MASSEY UNIVERSITY
GRADUATE RESEARCH SCHOOL

STATEMENT OF CONTRIBUTION
TO DOCTORAL THESIS CONTAINING PUBLICATIONS

(To appear at the end of each thesis chapter/section/appendix submitted as an article/paper or collected as an appendix at the end of the thesis)

We, the candidate and the candidate's Principal Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of Candidate: Sarah Herbert

Name/Title of Principal Supervisor: Professor Christine Stephens

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In which Chapter is the Published Work: Chapter 8

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10/08/2017
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The social context of alcohol use among Māori in Aotearoa: Reflections of life experiences of alcohol use by older Māori.

Abstract

To broaden public health approaches to alcohol use, this study provides an initial exploration of the social context of alcohol use among Māori in Aotearoa, from the perspectives of older Māori. Utilising a Māori centred research approach, face to face interviews were conducted with 13 older Māori people to explore their personal experiences of alcohol use across their lifetime. Thematic analysis was used to identify common themes that contextualised stories of alcohol use within a Māori cultural framework. Four themes were identified: alcohol use within (1) a sporting culture, (2) a working culture, (3) the context of family, and (4) Māori culture. These themes highlight the influence of social factors such as the desire to socialise and seek companionship; the physical location of alcohol use; the importance of social networks, particularly whānau; and the role of cultural identity among Māori. In regard to cultural identity, the role of the marae, tikanga, and the relationship of kaumātua status to personal and whānau alcohol use are highlighted as important focuses for further research among Māori in Aotearoa.

Keywords: Older Māori, alcohol, social context, thematic analysis, Māori centred research, Indigenous, cultural identity, social networks

Introduction

Alcohol use is social in nature, influenced by values, attitudes, and norms of cultural/social, gender, religious, ethnic, health, and political groupings (Cagney, 2006; Heath, 2007; Rehm et al., 1996). Research shows that alcohol use reinforces group cohesion, helps integrate family and friends, promotes social solidarity, and works as a social lubricant (Beccaria & Sande, 2003; Heath, 1995; Rehm et al., 1996; SIRC, 1998; Tolvanen, 1998). Heath (2007) and others (Cagney, 2006; SIRC, 1998) highlight alcohol's celebratory, social, relaxation, medicinal,

and therapeutic functions. Alcohol use is also influenced by a range of social factors (Cagney, 2006; Sargent, 1983). Despite these understandings, alcohol use is often described from a public health perspective that focuses on harms, hazardous drinking, and epidemiological impacts (Cagney, 2006; Jayne et al., 2010; SIRC, 1998). Its use among Indigenous people in particular is primarily framed within a public health perspective, which does not allow space for the exploration of the everyday social context of alcohol use.

The social context of alcohol use among Indigenous people around the world is often framed as negative, a social and health problem that needs to be addressed (Bjerregaard et al., 2004; Hunter, 1993; Lemert, 1979; Lurie, 1979; Saggers & Gray, 1998; Seale et al., 2002). Explanations for harmful alcohol use often draw on the effects of colonisation (Frank et al., 2000; Hudson, 2011; Marie et al., 2012; Saggers & Gray, 1998), the influence of European settlers and frontier colonialists, and discriminatory legislation (Albrecht, 1974; Brady, 2000; Frank et al., 2000; Hudson, 2011; Hunter, 1993; Saggers & Gray, 1998). Another concern is that socially acceptable alcohol-related norms and behaviours are determined by dominant and non-Indigenous cultures that do not necessarily align with Indigenous understandings of alcohol use (Sargent, 1983). The limitations in current literature regarding Indigenous alcohol use raise questions around why Indigenous people's alcohol use is framed only as problematic and by whom?

In Aotearoa, evidence from public health literature suggests that the Indigenous Māori people have distinct patterns of alcohol use that are associated with disproportionate alcohol-related harm (Bramley et al., 2003; Ministry of Health, 2009; Moewaka Barnes et al., 2003). There is very little research exploring the social context of Māori people's alcohol use (Awatere et al., 1984; Mataira, 1987; Saggers & Gray, 1998) and only one publication focusing on older Māori (Herbert & Stephens, 2015). International research suggests that older people view their alcohol use as a part of their everyday social life, in a convivial manner and as a source of enjoyment, relaxation, and leisure (Dare et al., 2014; Immonen et al., 2011; Kim, 2009;

Tolvanen, 1998). While research in Aotearoa indicates that significant proportions of the older population do engage in hazardous alcohol use (Khan et al., 2002), there is evidence that sociodemographic variables are related to these patterns of alcohol use (Herbert & Stephens, 2015; Khan et al., 2006; Stevenson et al., 2015; Towers et al., 2011).

Social factors influencing Māori people's alcohol use

The desire to socialise and seek companionship influences and reinforces alcohol use among Māori (Awatere et al., 1984; Clarke & Ebbett, 2010; National Council of Māori Nurses, 1988; TPK & KWWA, 1995). Māori report larger and more integrated social networks (Kumar & Oakley Browne, 2008) which may provide more opportunities for social engagement and alcohol use (Clarke & Ebbett, 2010). However, very little research has explored these aspects of Māori culture in relation to the socialising factors of alcohol use. Herbert and Stephens (2015) found a significant and positive relationship between types of social networks and hazardous alcohol use among older Māori. Those who belonged to more private, self-contained networks were more likely to engage in hazardous drinking, whereas individuals with close relationships to friends, local family, and neighbours were not likely to report hazardous alcohol use. These findings suggest the importance of engagement in social life to the ways in which people engage in drinking.

Within Māori society, whānau is the most fundamental social structure (Cunningham et al., 2005; Durie, 2004) and can contribute to positive health outcomes (Dyall et al., 2014; Kumar & Oakley Browne, 2008). Whānau may be whakapapa based or kaupapa based (Cunningham et al., 2005). Kaupapa-based whānau may comprise people from the same geographical location or a group of Māori sharing a common purpose (Cunningham et al., 2005). The primacy of whānau structure, close social ties, and collective support may be available for older Māori regardless of living arrangements (Durie, 1997c; Dyall et al., 2014) and should be included in research about alcohol use.

The location of alcohol use may also be important. Amongst Māori, marae are popular locations for alcohol consumption (Awatere et al., 1984; Mataira, 1987; TPK & KWWA, 1995), and research could explore other important social locations of alcohol use among Māori people.

Numerous authors highlight the importance of a secure Māori identity as being central to the health and wellbeing of Māori people (Durie, 1997b, 2004; Robson & Harris, 2007). A secure Māori cultural identity encompasses the ability to access both cultural and physical resources such as Māori language, marae, and whānau (Durie, 1997b). Research findings are contradictory and suggest that the relationship between cultural identity and alcohol use is complex for Māori and other Indigenous peoples (Beauvais, 1998; Byron, 1996; Clarke & Ebbett, 2010; James et al., 2000; Oetting et al., 1998; Spicer et al., 2003). Herbert and Stephens (2015) found that older Māori who reported a stronger Māori cultural identity were significantly more likely to engage in heavier drinking, and Clarke & Ebbett (2010) found that Māori cultural identification influenced frequency of drinking in a sample of Māori people in Aotearoa. Other literature has found no relationship between cultural identity and harmful alcohol use (e.g., Marie et al., 2012). Herbert and Stephens (2015) argued that consideration of the relationship between cultural identity and alcohol use needs to be explored from a Māori cultural perspective and broader social context of alcohol use to understand how cultural identity may operate to influence alcohol use among older Māori people.

Research to date indicates that the desire to socialise and seek companionship, along with social networks, location of drinking, and cultural identity, may influence alcohol use among Māori. However, questions remain about how these social factors actually work to influence alcohol use. In this paper, we provide an initial exploration of the social context of alcohol use among Māori in Aotearoa. Older Māori shared reflective accounts of alcohol use over the course of their life journey, shedding light on interactions of culture and alcohol use.

Method

A Māori centred research approach, which seeks to understand phenomena from within a Māori worldview and in a way that empowers the research participants and Māori communities, was employed in this study (Cunningham, 2000; Durie, 1997a; Forster, 2003; Ruwhiu, 1999). Participants shared their experiences of alcohol use, which were embedded in a Māori cultural context, and data were analysed using a Māori cultural framework, revealing how Māori concepts and lifestyles shaped their experiences of alcohol use.

Māori centred research advocates for good research practice using appropriate social science methods and is founded on three key principles: whakapiki tangata, whakatuia, and mana Māori (Durie, 1997a). Briefly, whakapiki tangata encompasses the ideas of enhancement, empowerment, and enablement. This principle reinforces the notion that research should contribute to positive development for Māori (Durie, 1997a), rather than reinforcing negative stereotypes or vilifying Māori for their alcohol use. This has implications for the setting of the research questions, objectives, and processes. In relation to this study, an exploration of the social context of alcohol use by Māori allows for a deeper understanding of the public health issues and potential solutions for addressing at-risk behaviour. The results have direct implications for Māori development and potentially contribute to improved health of older Māori people. In regards to research practice, whakapiki tangata requires researchers to adopt tikanga, if appropriate, when engaging with participants. This includes creating an environment where participants can speak openly and share their stories without being judged. Finally, in the analysis of participant stories it is important to ensure that participant voice is privileged. This can involve using practices such as participants reviewing the transcripts or taking a collaborative approach to analysis.

Whakatuia is about integration and promoting interconnectedness between spiritual, social, physical, and environmental domains that are important to Māori (Durie, 1997a). As Durie (2004) states, "there is no single domain—cultural, physical or social—that can lay claim

to a monopoly on the life experiences of Māori" (p. 6). In the context of this study, whakatuia had implications for the types of data we were interested in capturing, including the spiritual, social, physical, and environmental dimensions of alcohol use. Questions and analytical frames needed to be developed to achieve this. It also meant valuing all forms of knowledge. For example, it was not always obvious during an interview how a story being shared was related to alcohol use. We included all reflections and narratives rather than shutting down conversations.

Mana Māori emphasises the idea of Māori control, autonomy, and self-determination of Māori people. Mana Māori requires ethical research practice as covered by tikanga and a universal code of ethics. This means thinking through how Māori have control over the research process and protecting the knowledge that is generated (Durie, 1997a). Mana Māori has implications for research practice particularly in regard to how participants are recruited, interviewed, and involved in the creation of their stories. From the researchers' perspective it meant ensuring that research practice did not belittle the participants, or their gifts, in any way and respecting their wishes.

Within this framework, interviews were used to provide a space for older Māori to share their experiences of alcohol use, allowing for the exploration of such realities from within a Māori worldview (Lee, 2009; Wirihana, 2012). Participants' words are the focus of meaning within the research context (Mischler, 1995), which is congruent with the principles of Māori centred research.

Participants

People who identified as Māori, who were aged 60 years or over, and who had consented to being invited for interviews, were identified in the HWR longitudinal study database (see www.massey.ac.nz/hart/). These people were recruited in a manner consistent with tikanga. For example, whakawhanaunga hui were held to inform potential participants about the project and the implications of involvement. Thirteen older Māori (seven men and six women) agreed to participate after attending these hui. Participants were invited to have a support person/s or

whānau member/s present with them at all hui and were given the option of using a pseudonym to protect their identity.

Procedure

The Massey University Human Ethics Committee granted approval for all procedures prior to the recruitment phase. Potential participants were sent an information sheet and invitation to meet with the first author at a whakawhanaunga hui to discuss the research. Such gatherings establish relationships (Bishop, 1996); provide opportunity for face to face contact, important within Māori culture (Pere & Barnes, 2009); and highlight the importance of identity and connectedness among Māori people. These hui align with the principles of whakapiki tangata and mana Māori because they enable informed choice, in a supportive environment, about whether participants wish to be involved in the research.

The hui were held at a place of each participant's choosing and were either in the participants' homes (n = 11), in an office at Massey University (n = 1), or at the employment place of the participant (n = 1). All 13 people who engaged in these hui chose to contribute to the project. To adhere to appropriate tikanga (Hudson et al., 2007; Pere & Barnes, 2009) and ensure respectful research processes that enhanced mana for Māori, food and drink were shared at each hui and koha were given to all participants (Hudson et al., 2007).

At the start of the interview hui, the interview and consent process was explained with opportunities for questions, and participants signed a consent form. A voice recorder was then turned on and the interview began.

Interviews

Semi-structured individual interviews of 25–120 minutes duration were conducted in June to October, 2014, in venues chosen by the participants. Participants were informed about the research questions and then led the discussion and remained in control of what they shared to privilege their voice and story. Most began by talking about how their parents or family had used

alcohol when they were young, and stories emerged about alcohol use across their lives and how this had changed over time.

Analysis

The audio-recorded interviews were transcribed for analysis. Eight participants requested to have their transcripts returned to them for review, prior to analysis. Two of these participants made major changes to their transcript, removing and editing information they felt uncomfortable with, but all agreed to share the final versions of their transcripts. Thematic analysis, as outlined by Braun et al. (2015), was used to illustrate collective meanings and experiences (Bold, 2012; Braun & Clarke, 2006; Riessman, 2005). Thematic analysis suits a Māori centred research approach because it "does not ignore the diversity of research methods … but it deliberately places Māori people and Māori experiences at the center of the research activity" (Durie, 1997a, p. 9). Using the qualitative analysis program ATLAS.ti (Version 6.2), data were coded based on recurring, repeated, and compelling ideas across the transcripts. Codes were also identified based on the level of importance or centrality to a particular story. The broader themes these codes sat within were then identified by considering repetition of ideas across codes or ways in which the codes were related.

This approach to data analysis revealed that alcohol use occurred in four key contexts (themes): sport, work, family, and culture. A decision was made to focus on these contexts to gain a deeper understanding of Māori people's lived and social experiences of alcohol use. We specifically looked for the commonalities and differences across these contexts and how they influenced and shaped, or were affected by, alcohol use according to participants' accounts.

Results

Participants' stories of alcohol use were constructed within and around four core social contexts of their alcohol use - sport, work, family, and culture. Each context was equally

important and forms a theme that will be described and illustrated with excerpts from the participants' stories.

Alcohol use within a sporting culture

Participants described many of their alcohol experiences within the context of a sporting culture. The following excerpts provide examples of the 'norm' of alcohol use within sports teams, after playing a game of sport, or as part of sporting events. Matua A reflected on his early experiences of alcohol in relation to playing rugby: "*I suppose I had a drink when, on the weekend in the rugby season, when we were playing rugby, which was probably typical of a lot of people".*

From several participants' perspectives, alcohol was associated with playing sport, as described by Whaea Y:

> *I played a lot of sport in my life; we were a sporting family, and alcohol and sport just seemed to go together. ... So it was accepted that with sport, and we played a lot of sport all seasons, after you finished you went to the clubrooms or to the pub or to somewhere and you drank.*

Alcohol use within a working culture

Participants also talked about how alcohol use was embedded in their working lives, and for some, their working environment was where the majority of their experiences of alcohol use occurred. Stories showed how alcohol use was part of the socialising practices in specific working cultures within industries such as shearing, freezing works, forestry, and railways. For example, Matua M said:

> *In the type of work I was doing, like working in the freezing works, everybody drank; that was a done deal. Especially after pay night; we used to get paid on Wednesdays. So, Wednesday night, that was a night at the pub, and then when I was out shearing it was the same.*

Whaea PC highlighted how shift work regulated alcohol use within her nursing cohort:

> *Basically I never drank at all until I started nursing ... and you get to know somebody and you're all off duty so we'd go out or, because I wasn't old enough to go to the pub, but the older ones would get the beer and we'd go and have a few drinks.*

For other participants, drinking cultures were shaped by their socialising duties as managers. In general, both men and women described how their work lives introduced them to alcohol use and shaped their drinking patterns.

Alcohol use within the context of family

Participants' stories of their alcohol use often involved family life. Matua L reflected on his early experiences of alcohol use which occurred within his family:

> *I was in the pub before I was 18, I mean you could only get in there when you were 18 and I think I was getting in when I was about 16 and a half, 17. But I was able to do that because I was going in with family and they put me in the middle of the group.*

Whaea Y also highlighted how her alcohol use was embedded within the context of her family, who ensured her safety: "*I remember going in* [to the pub] *with some of our uncles, all underage, but I have to say they watched us, uncles and aunties in the local pub".*

Several participants described positive memories of early alcohol use within the family, recalling fun, music, sociability, and laughter. For example, Matua T said:

> *I remember we used to have a lot of parties when we were young kids. There was always beer there, but I used to like it, you know; my uncles and aunts, they were just brilliant people. They never fought or anything, there was no anger there. They just enjoyed themselves and they're a musical family and guitars and stuff came out. It was really good; I enjoyed my teenage years even when I was a kid growing up.*

In contrast, other stories highlighted the problematic aspects and social hazards of alcohol use. Whaea A, for example, described her early impressions of alcohol as being embedded in the family context and something that she has worked to change for her children. Similarly, Whaea P observed her sisters' alcohol use, which was heavy and regular, and as a result she largely abstained from alcohol herself: "*As my sisters got older, they left home. Man, could they hit the booze, and I didn't like it".*

Matua MK was also exposed to heavy and regular alcohol use within his family from an early age. However, while he constructed positive stories of alcohol use within his family, these early experiences contributed to the development of his own attitude towards alcohol and, like Whaea P, he has largely abstained from alcohol throughout his life. The role of family within these stories was either as a facilitator or restrictor of participants' alcohol use, and early experiences influenced the participants' own views and experiences of alcohol use.

Alcohol and Māori culture

This theme provides insight into unique features of the social context of alcohol use amongst older Māori. Participants' stories incorporate aspects of Māori identity and cultural belonging that played a role in their alcohol experiences. The marae was identified as a key location where alcohol was used in social occasions such as tangihanga (funeral/s), weddings, birthdays, and whānau-based events. Within the marae, tikanga was described for managing alcohol use. Also, kaumātua status and perceptions of ageing as a positive life stage have important implications for elders' alcohol use.

i] Alcohol on the marae

Participants supported allowing alcohol on the marae because it ensures people stay together for particular events and it provides a safe environment for the consumption of alcohol. With accommodation available, others described the virtues of being able to sleep at the marae.

Woven through these ideas is tikanga, which guides appropriate and acceptable alcohol use and, more importantly, conduct at the marae. Matua L explained the issues:

> *I went to a marae back home ... and we had alcohol in the dining room and that was for a function. So those sort of things I think you can* [have alcohol]. *Although at my marae there's no smoking and no drinking. I used to find that quite hard because you go to somebody's tangihanga, you like to go back and sit down and have a beer and play the guitar and sing whānau songs, but you can't do that now. If you do that, you've got to go to somebody's house and do it and you're actually going away from the marae and leaving the whānau there, which is not the tikanga. You do not do that, you all go together, all stay together.*

Whaea Y added:

> *The marae is a safe place to drink because someone will look after you. There is someone who will growl* [to berate or scold] *you, I mean we go round and if someone was to do badly and start to get into trouble we'll just get one of the nephews to look after it or someone else will do it. ... So I guess I'm saying our marae, to me, is a safe place to drink.*

Matua MK also described the practical aspect of alcohol at the marae:

> *When I was a kid, out at the marae ... all I remember was all the parties that used to go on out there ... it was just slow drinking, having meals and laughing and playing the guitar and singing. But that used to last four days.*

Tikanga was described as being central to and guiding alcohol use and conduct. Matua M outlined some of the common guidelines used to regulate the use of alcohol in the context of important events such as a tangihanga:

> *The thing is, if there was like a tangihanga down there, they had certain rules for them and there was no drinking around the marae until ... everything's finished; like when you've cleaned up, then yeah. They allowed you to drink inside what*

they call the cook house. But you weren't allowed in the dining room or around the front.

ii] Kaumātua status

Within Māori society ageing is a positive life transition and participants described how they changed their alcohol use as a result of being seen as older Māori. Whaea Y said "*Yes, my alcohol use has changed as I've gotten older. I'm supposed to be wiser and I want to be a role model for the grandkids too".* The position that kaumātua have within their whānau has meant that their focus has changed and alcohol use is minimised as a result.

Participants also highlighted their ability to manage other people's alcohol use due to their status. For example, Whaea Y described how, as an elder, she ensures tikanga is upheld at the marae during occasions where there is alcohol use:

We do watch those that are drinking at the marae. If someone's being naughty or rude to an elder we growl them; I can growl at the marae, you know, for the safety of people. So … we're watching; there's always someone.

Discussion

The four themes identified in older Māori participants' interviews about their lifetime alcohol use suggest the importance of understanding the social context of alcohol use, and raise questions for ongoing research in this area.

Social norms of alcohol use were identified as embedded in the sporting culture and highlighted the socialising aspects of alcohol use after a sports game and among teammates and whānau. This finding supports indications in the literature about the social drivers of alcohol use among Māori (Awatere et al., 1984; Clarke & Ebbett, 2010; TPK & KWWA, 1995), and builds on understandings of how socialising and companionship may encourage alcohol use within specific social contexts.

Similarly, alcohol use was embedded in the socialising practices among workmates in particular working cultures such as the freezing works, shearing, and forest industries. Johnston (2007) states that "Māori have traditionally worked in occupations that have had a culture of working hard and playing even harder, such as shearing, forestry, fisheries and the freezing works" (p. 18) and these particular occupations support socialising practices which involve alcohol use. Other aspects of working cultures, such as shift work, also influenced alcohol use by dictating opportunities to socialise with workmates. The desire to socialise with workmates is a driving factor for alcohol use within these working contexts.

Participants' stories of alcohol use were embedded within the context of family, and their experiences were constructed as either positive or negative in relation to how they understood alcohol use by their families and how their families supported their own participation. Again, this theme highlights social factors such as connectedness, companionship, and socialising as reasons for alcohol use amongst Māori.

Findings build on recognition of the importance of location in the social context of Māori people's alcohol use. Participants' stories around sporting, working, and family cultures highlight the pub as a central place where companionship and socialising occur. Further, within the theme of Māori culture, the marae was identified as a significant social location where older Māori consumed alcohol on special occasions (Awatere et al., 1984; Mataira, 1987; TPK & KWWA, 1995).

Together, the four themes identified in this study highlight whānau as a key concept underpinning the social context of alcohol use for older Māori. In their stories, older Māori describe socialising and making connections with whānau, in this case sports mates, workmates, and whakapapa whānau (a group of people who share common ancestry), as vital to their social interactions, and alcohol is also present in these interactions. Connecting with, and having access to, whānau is identified as an important component of a secure Māori cultural identity (Durie, 1997b). If whānau underpins alcohol use then consideration must be given to the relationship

between whānau and Māori cultural identity within these social contexts of alcohol use. Herbert and Stephens (2015) found a significant relationship between Māori cultural identity and heavy drinking. However, this relationship is complex; on the one hand, Māori who strongly identify with their culture may have a stronger sense of connectedness and access to their whānau and collective Māori social structures (Kumar & Oakley Browne, 2008). Therefore, they may attend more whānau-related social occasions, influencing their frequency of drinking and quantity consumed (Clarke & Ebbett, 2010). Conversely, seeking to connect to whānau as a way of strengthening cultural identity may also entail socialising with alcohol. In summary, there is a relationship between whānau, Māori cultural identity, and alcohol use, but key information is missing, namely the mediating role/s of whānau and Māori cultural identity with alcohol use.

These results provide insight into the importance of kaumātua roles within the social context of alcohol use. Within Māori society, there is a positive view towards ageing and older people (Durie, 1997b, 1999b; Kukutai, 2006). The transition to kaumātua status is often marked by increased recognition on the basis of wisdom, experience, leadership, knowledge, and contribution to whānau and Māori communities (Durie, 1999b; Kukutai, 2006). The current study supports these understandings as participants indicated wanting to be good role models for younger generations and this was connected with the idea of reducing their alcohol consumption. These findings raise questions around the meaning of alcohol within Māori culture: if being a good role model is associated with being abstemious, does this mean alcohol use is "bad" within Māori culture? Or do broader societal ideas about the capacity, dignity, and responsibilities of elders contribute to older Māori reducing their alcohol use? These sorts of questions provide the basis for further research in this area.

Another important finding was the ways in which manaaki (principle of care) was enacted by participants within their whānau and Māori communities. Within the marae, tikanga was described as controlling or managing alcohol use among Māori, and participants often described their role as kaumātua in enforcing this tikanga. Mead (2003) states that one way of

understanding tikanga is as a "means of social control … [because it] controls interpersonal relationships, [and] provides ways for groups to meet and interact" (p. 16). Within this understanding, there is provision for kaumātua to assist in reinforcing and regulating tikanga and therefore conduct within the context of alcohol use because of their respected status.

Limitations

This study is the first to explore the social context of alcohol use from the perspectives of older Māori. While valuable insight is provided into some of the ways in which alcohol use is part of particular social contexts, further research into these contexts and with a larger number of participants may provide a deeper level of understanding of how Māori people are using alcohol in their everyday lives.

When collecting stories of alcohol use across the lifetime, it would also be beneficial for future researchers to develop a stronger and more familiar relationship with participants over time. Due to the nature of the research topic some personal and sensitive information may not have been shared with the interviewer. Holding several face to face interviews and hui could therefore have led to more in-depth exploration of participants' experiences of alcohol use.

Conclusion

This study highlights the influence of social factors which shape alcohol use among Māori. Health interventions which seek to promote the safe use of alcohol among Māori need to consider such social factors. In doing so, existing health initiatives and public health policy may be strengthened by better aligning to the social realities of Māori people and their alcohol use. Specifically, findings highlight whānau as a key social structure as well as the importance of kaumātua roles within the social context of alcohol use among Māori. Implications of this are that kaumātua could have a leadership role in contexts where alcohol use occurs to ensure safe alcohol environments for Māori and possible regulation of alcohol use within their whānau as well. Kaumātua leadership may also provide avenues to develop Māori-specific ways of ensuring

alcohol is used more safely and positively within Māori culture, and the responsibilities entailed may reduce hazardous alcohol use, in turn enhancing health and wellbeing.

Chapter nine

Study two (b): Older Māori' personal experiences of alcohol use

This chapter reports on part b of the findings from the second study which have been published in *Critical Public Health* as:

Herbert, S., Stephens, C., & Forster, M. (2017). Socially based trajectories of alcohol use among indigenous Māori in Aotearoa/New Zealand. *Critical Public Health.*
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STATEMENT OF CONTRIBUTION
TO DOCTORAL THESIS CONTAINING PUBLICATIONS

(To appear at the end of each thesis chapter/section/appendix submitted as an article/paper or collected as an appendix at the end of the thesis)

We, the candidate and the candidate's Principal Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of Candidate: Sarah Herbert

Name/Title of Principal Supervisor: Professor Christine Stephens

Name of Published Research Output and full reference:

Herbert, S., Forster, M., McCreanor, T., & Stephens, C. (in press). Socially based trajectories of alcohol use among indigenous Māori in Aotearoa/New Zealand. Critical Public Health.

In which Chapter is the Published Work: Chapter 9

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Socially based trajectories of alcohol use among indigenous Māori in Aotearoa/New Zealand.

Abstract

To build on current understandings of alcohol use, this study explored socially based trajectories of everyday alcohol use across the lives of indigenous Māori in Aotearoa, as described by older Māori. A Māori centred research approach was employed using face to face interviews with 13 older Māori people to explore their personal experiences of alcohol use over their lifetime. Thematic analysis was used to identify key life events and social factors which influenced participants' alcohol use within three chronologically ordered life stages: childhood, adulthood, and, older age. Participants' perceptions of alcohol use by others during childhood, their first alcohol use experience, meeting their partner and having children, and, the impact of ageing were all related to changes in alcohol use. These results build on public health conceptualisations of alcohol use among Māori by offering insight into the social influences of alcohol use. These findings can be used to inform future research to show the role of everyday alcohol use in regard to health and wellbeing.

Keywords: Māori; alcohol; social; policy; public health.

Introduction

The norms around alcohol use are socially learned, determined by changing values and attitudes, within cultures and across social environments (Jayne et al., 2010). Social factors including gender, social networks, religious ideologies, and ethnicity influence alcohol use (Cagney, 2006; Gordon et al., 2012; Oetting et al., 1998; Preston & Goodfellow, 2006; Rehm et al., 1996). Accordingly, people's alcohol use may change in response to changing social environments and factors at different life stages including childhood, adulthood and older age. Research shows for example that alcohol use increases among individuals during adolescence through to early adulthood (Casswell, Stewart, Connolly & Silva, 1991; Gates, Corbin &

Fromme, 2016), and this may be influenced by factors such as parental attitudes towards alcohol use (Casswell et al., 1991; Yu, 2003) and early exposure to substance use (Loxley et al., 2004, as cited in Toumbourou & Catalano, 2005). Life events such as separating from a partner, having children (Emslie, Hunt & Lyons, 2012; Jochman & Fromme, 2010), and marriage (Jochman & Fromme, 2010; Kretsch & Harden, 2014), have been found to influence alcohol use during adulthood. Dealing with illness or loss, retirement, and the influence of family and friends have been identified as having an effect on older people's alcohol use (Hodges & Maskill, 2014a; Khan et al., 2006; Kuerbis & Sacco, 2012; Perreira & Sloan, 2001; Resnick et al., 2003; Wang, Steier & Gallo, 2014).

From a public health perspective, alcohol use is primarily framed in terms of problematic use and alcohol related harm (Inter-Agency Committee on Drugs, 2015; Jayne et al., 2010; Keane, 2009; Rehm et al., 1996; SIRC, 1998). Harms include those associated with intoxication such as accidents, injuries, violence, and crime, and those associated with long term alcohol use such as alcohol related health conditions (Inter-Agency Committee on Drugs, 2015; Ministry of Health, 2015). Accordingly, alcohol policy and interventions employ prevention and/or harm minimisation strategies (Inter-Agency Committee on Drugs, 2015; Keane, 2009; Stockwell, Gruenewald, Toumbourou & Loxley, 2005), including regulating alcohol access and enforcing alcohol use laws (Gray & Saggers, 2005; Inter-Agency Committee on Drugs, 2015; Stockwell et al., 2005), to reduce overall consumption, binge drinking, and the level of intoxication among individuals (ALAC & Ministry of Health, 2001; Inter-Agency Committee on Drugs, 2015; Keane, 2009; Wood, France, Hunt, Eades & Slack-Smith, 2008). Such interventions have acknowledged the social context of alcohol use, but only in regard to hazardous drinking and alcohol related harm.

Further, these initiatives may have limited applicability and relevance when applied to indigenous populations (Brady, 2000; Gray & Saggers, 2005; Wood et al., 2008). National data in Aotearoa show harmful alcohol use statistics among Māori have not reduced in the last two

decades (ALAC & Ministry of Health, 2001; Ministry of Health, 2009, 2015, 2016). This reflects other indigenous patterns of alcohol use over time (Wilson et al., 2010) and highlights the need for more understanding of alcohol use. While harm minimisation strategies such as the Māori Warden organisation (Fleras, 1981) and alcohol-free marae (Durie, 2004) in Aotearoa include cultural perspectives, broader understandings of the social context of everyday alcohol use among Māori and other indigenous populations are not part of public health theorising.

In line with much public health literature, there is widespread recognition of problematic and harmful use of alcohol among Indigenous peoples (Bjerregaard et al., 2004; Byron, 1996; Gray & Saggers, 2005; Hunter, 1993; Saggers & Gray, 1998; Seale et al., 2002), including Māori in Aotearoa (Bramley et al., 2003; Durie, 2004; Fryer et al., 2011; Ministry of Health, 2009; Moewaka Barnes et al., 2003). However, researchers suggest the reporting of indigenous people's patterns of alcohol use are biased; focusing predominantly on harmful alcohol use, rather than on everyday and unproblematic use of alcohol (e.g. Sargent, 1983; Seale et al., 2002; Spicer et al., 2003). Such bias works to create and consolidate negative stereotypes (Spicer et al., 2003), as well as ignoring the diversity of alcohol use among indigenous people (Sargent, 1983). While it is important to acknowledge the issue of problematic alcohol use and its destructive impact within indigenous societies, constructions of indigenous people's alcohol use may be biased by a focus on problematic drinking alone and at the expense of ignoring the broader social location of alcohol use. This focus ignores questions about the role of everyday and non-problematic alcohol use in relation to health.

Alcohol use in general has been recognised as a 'normal' part of everyday social life among Māori (Cagney, 2006; Durie, 2004), and research shows it is often socially motivated (Awatere et al., 1984; Clarke & Ebbett, 2010; Herbert, Forster, McCreanor, & Stephens, 2017; TPK & ALAC, 1995). There has long been commentary on the scarcity of research exploring these social components (Awatere et al., 1984; Clarke & Ebbett, 2010; Saggers & Gray, 1998),

and such scarcity remains (McKenzie et al., 2014) suggesting that research on the everyday social context of alcohol use among Māori is needed.

Among Māori, exploration of a social perspective would build on current public health understandings, and provide a more nuanced picture of the diverse social realities of alcohol use. Moreover, consideration of the social factors and life events influencing such change across the lifetime is necessary for the development of more culturally appropriate and relevant national alcohol policy and initiatives targeted at Māori (Keane, 2009; Wood et al., 2008). In this study, we aimed to highlight the broader social location of alcohol use within the everyday lives of Māori by describing the perspectives of older Māori. Older Māori participants were recruited in acknowledgment of their wealth of knowledge and understanding based on their lifetime experiences. Such wisdom provides a depth of understanding of the socially based trajectories of alcohol use among Māori.

Method

A Māori centred approach was employed in this study to understand alcohol use from within a Māori worldview and in a mana enhancing manner (Cunningham, 2000; Durie, 1997a). This approach seeks to incorporate the research norms and expectations of Māori to ensure ethical, appropriate and relevant research practice. For example, Māori centred research involves the use of tikanga to guide research design and practice, and is founded on three key principles: whakapiki tangata, whakatuia, and mana Māori (Durie, 1997a). Māori people, particularly older Māori, prefer research encounters that are face to face (Cram, 2001; Smith, 2012). Accordingly, face to face interviews were used to provide a space for older Māori to share their experiences of alcohol use.

Participants

Sixty participants from the Health, Work and Retirement Longitudinal study (see www.massey.ac.nz/hart/) cohort were invited to participate in the current study. Criteria for

participation were: those who identified as Māori, were aged 60 years or over, had consented to being invited for interviews. Thirteen older Māori (7 men and 6 women) agreed to participate. Participants were provided a pseudonym to protect their identity.

Procedure

Potential participants were sent an information sheet and an invitation to meet with the interviewer at a whakawhanaunga hui to discuss the research. All thirteen people who engaged in these hui chose to contribute to the project and were given the option of being interviewed directly after whakawhanaunga had concluded, or at a later date. Eleven opted to be interviewed directly after whakawhanaunga had concluded and two opted to be interviewed later. For these two participants a subsequent hui was arranged to conduct the interview.

For all participants, the interview and consent process was explained with opportunities for questions, before they signed a consent form and the recorded interview began. All hui were held at a venue chosen by each participant. Food and drink were shared at each hui, and koha were given to all participants.

Interviews

Individual interviews of 25-120 minutes duration were conducted in 2014. The variation in the duration of interviews was generally due to the diversity of alcohol use experiences among participants, the number of experiences, and the level of detail that participants chose to share.

The semi structured interview schedule comprised three open-ended questions to facilitate open conversation. Questions were about general experiences of alcohol use, its role in participants' lives, and how their alcohol use had changed as they aged. Any general comments on participants' alcohol use were also invited. Participants were informed about the research questions and then led the discussion by choosing what they wished to share and how. Participants generally responded by describing their lifetime alcohol experiences, including

stories of how alcohol was used in their family environment during childhood, their alcohol experiences during adulthood, and their current alcohol use.

Analysis

The audio-recorded interviews were transcribed for analysis. Eight participants requested to review their transcripts prior to analysis. Two made a number of changes to their transcript. One participant removed parts describing other people's alcohol use, that they felt uncomfortable about including. Major edits were done on the other transcript because the participant felt they had missed important information and their changes were aimed at providing a more accurate account. All agreed to share the final versions of their transcripts. Thematic analysis, as outlined by Braun et al. (2015), was used to identify collective meanings and experiences in the data.

Using the qualitative analysis program Atlas.ti, version 6.2, data were coded based on recurring, repeated, and compelling ideas across the interview transcripts. This analysis revealed three key life stages that alcohol use stories were generally told within: childhood, adulthood and older age. We decided to focus on these life stages and the associated life events and social factors that had an influence on alcohol use. We specifically looked for the commonalities and differences within stories to reveal factors which influenced and shaped alcohol use according to participants' accounts.

Results

The participants' stories of each life stage highlighted particular events and social factors which influenced their ideas about alcohol and its use, in different ways. Excerpts from the interviews are used to illustrate these within the following sections.

Childhood observations of alcohol use

When sharing stories of alcohol use by others in their family environments as children, participants generally described a continuum from abstinence to regular use, and explained why they thought this was the case. Those who described minimal family alcohol use described

barriers such as limited finances, living rurally with limited access to alcohol, religious homes where alcohol was not permitted, or living in an era in which it was difficult for Māori to access alcohol. For example Matua A described the limits of finances and access:

> *In my family its non-existent… Well very seldom use, because number one, we had no money. Number two, there wasn't access because there was only one hotel and that was out in the bush and there were distances that were required to travel, but basically there just wasn't any money.*

Some described occasional family alcohol use, usually during a particular social event. Participants generally described these occasions as positive, with sociable atmospheres involving whānau, food, music, singing, and laughter. Outside of these occasions, alcohol use was minimal. For example, Whaea C said:

> *Every two or three months there would be a party, there'd be some event; usually a birthday, after someone's wedding, or a baby born or something like that…and there was lots of singing and lots of laughing… but it wasn't like a regular, and my parents never drank in between parties.*

A third group described a family environment in which alcohol was used regularly. For example, Whaea A said: *'I was bought up in it; my parents, my grandparents, they were all drinkers… and it's not only in my family... but it happened in all our families, alcohol was just rife through the whole family'.* These participants often described parties that lasted for several days, where alcohol was shared among whānau and friends along with food and music. Some participants who observed regular alcohol use highlighted negative aspects, such as violence, that occurred during these occasions. Matua MK said:

> *It was like…'Once were warriors' when I was a kid. There where parties all the time, they used to start Wednesday right through to Sunday when they go to work… My grandparents were drinkers; they weren't big drinkers but when they did drink it was violent.*

Participants often described how their childhood experiences of family alcohol use contributed to their own attitudes and use of alcohol in adulthood. For some, their adulthood alcohol use reflected what they had observed as children while for others it was the opposite. For example, Matua MK, who was raised in a family environment with regular alcohol use, explains how this led to the development of his own minimal use in adulthood. *'We* [the children] *just thought it was normal I suppose… and it just put me right off* [alcohol]*'.* Similarly, Whaea P shared how her older sister's regular alcohol use influenced her subsequent minimal alcohol use during adulthood. *'As my sisters got older, they left home, man could they hit the booze, and I didn't like it…seeing how alcohol affected them, and I didn't want to be like that'.*

Conversely, Whaea A described how her childhood family environment, involving regular alcohol use, predisposed her and her siblings to heavy and regular drinking in their early adult years. *'As we grew up, we started drinking, my brothers and sisters, we all started… When I got pregnant with my children, I drank, because that's all we did, that's all we knew, was to drink'.* Other participants contrasted their alcohol use in adulthood with their childhood family environment. For example, some who were raised in abstemious environments described regular alcohol use during adulthood.

In summary, descriptions of childhood observations of alcohol use in family environments highlighted the diversity of alcohol use experiences among Māori whānau. These early experiences also impacted the development of participants' own ideas and use of, alcohol in adult life in different ways.

Alcohol use during adulthood

The second life stage focused on events that restricted or promoted alcohol use during early adulthood. Influential experiences included first alcohol use, meeting partners and their families, having children, and the social context of work.

All participants shared their first alcohol use experience. Some participants described their first experience as hidden from their parents, while others described being supervised by

their parents when they first tried alcohol. Most explained how their first experience influenced their subsequent alcohol use. For example, Whaea C said:

> *I was introduced to alcohol when I was fourteen years old and the next door neighbour Mr. I… He said "you can have a little sip" and I was going round getting a sip from everyone's glasses… and I was ill, oh god I was sick, I never touched alcohol again until I was seventeen.*

For some, like Whaea C, their first alcohol experience led to abstinence for some time. Other participants explained how their alcohol use followed their first experience, as described by Whaea A: *'it* [alcohol use] *sort of just started from there'.*

Participants reflected on how their alcohol use either decreased or increased as a result of meeting partners and having children, and this was often related to changes in their social milieu. For example, Matua M describes how meeting his first wife and her whānau increased his alcohol use:

> *There wasn't much* [alcohol] *growing up until I met my first wife and her family, that's when the alcohol sort of affected me because that was part of their side of living you know… My first wife's father…used to get all the family, to help shear his sheep… and he would get someone to go up to the pub and buy some beer* [afterwards] *and that's how it sort of started….I'd have one, have two, by the end of the night I was that drunk.*

For others, alcohol use decreased after meeting their partner. They described 'settling down' into a different kind of lifestyle. Matua W said *'yeah, once I got married I had to pull back you know'*.

For the women, the stories of alcohol use after having children were often descriptions of family gatherings; coming together to share a meal. While alcohol was present, it wasn't the focus for them during these occasions, as they were busy caring for their children. Thus, women

often linked reduced alcohol use to their roles and responsibilities as parents. For example Whaea D said:

> *I think my alcohol use did change* [when she had children]. *My husband drunk, so he would go off to parties… and I stayed home and I only ended up going out with him when the children got a bit older, and our oldest was able to babysit.*

Participants also spoke of their work context as a social location for regular alcohol use during adulthood. For example, Matua L said, *'once I started working, I got into the shearing sheds, that's pretty synonymous with alcohol'.* Similarly, Whaea PC said: *'basically I never drank at all until I started nursing'.* Thus, the social environments of work promoted regular alcohol use among some participants during their adult lives.

In summary, changes to people's social environments in adulthood triggered either decreased or increased alcohol use. These reports highlighted the diverse, gendered, and changing nature of alcohol use among this group of Māori during their adult years.

Alcohol use in older age

The participants generally described their current alcohol use as minimal, often limited to special occasions, and changing in relation to their lifestyle and ageing experiences. For example, Whaea P said "*I always have a drink on Christmas day, like a nice glass of wine…but that's it".* For those who had described minimal alcohol use during adulthood, there was little change in their current alcohol use. Others described a decrease in their use.

For these kaumātua, alcohol use was no longer the main focus during a social occasion. For example, Whaea Y said: *'Now when we have a few drinks it's like we have to dance or sing, and someone is on the guitar mainly, but karaoke seems to come in, we love that, so drinking is not the focus here'.* Alcohol was used minimally and not regarded as an important feature of social life compared to many of the stories of younger days.

These kaumātua also talked about the responsibilities of elders, as an explanation for their reduced alcohol use. Most participants described the importance of their social roles and

responsibilities to their whānau and communities in older age, which led to a decrease in alcohol use. Matua L said: *'I'm getting older and I thought, it's time to let go and move on* [from alcohol use] *and find something else in life that I can find attractive not only for myself but for my family and my community'.* Similarly, Whaea Y talked about the change in her alcohol use as a result of wanting to be a good role model for her younger whānau members: *'Yes, my alcohol use has changed as I've gotten older. I'm supposed to be wiser and I want to be a role model for the grandkids too'.* In general, the participants associated 'being a good role model', or 'improving their lifestyle' with needing to reduce alcohol consumption.

Participants also described their understandings of the relationship between health and alcohol use by describing reduced tolerance to alcohol in older age, the health benefits of abstinence, or abstinence due to health conditions, and the use of alcohol to support health. Some participants reflected on how the ageing process had led to a reduced tolerance to alcohol resulting in a decrease in their use. Matua W said: *'I think everything changes as you get older, I can't absorb it* [alcohol] *like I used to…and I enjoy different alcohol, a lighter alcohol now'.*

Others had decided to abstain from alcohol completely and they linked this to health benefits. For example, Matua T said:

> *I think I got a lot of benefit by not drinking… I think I've lived longer, I reckon if I kept on drinking the way I was, my kidneys would have been shot by now. My health would have been down the drain but now my health is good so I want to keep it that way.*

Other participants described how certain health conditions required the use of medications which prevented them from being able to consume alcohol. Whaea C said *'I don't drink at all now because of my medication, it* [alcohol] *would make me sick'.*

Conversely, others explained the use of alcohol for medicinal purposes in older age. An example is provided by Matua MK who said:

> *I'll take a sip of bourbon when I got a sore throat and I'm feeling like I'm getting the flu or something…I just let it dribble down my throat, tastes bloody horrible, but yea I find it sort of cures me really quick.*

In summary, participants described their current alcohol use as minimal with little importance placed on drinking even during special occasions where alcohol is present. Two key factors which influenced alcohol use in older age were changes to social roles and responsibilities as participants transitioned into older age, and health related factors which generally resulted in a decrease in alcohol use or complete abstinence in older age.

Overall, these results reveal how certain life events or social factors impact on alcohol use across the lifetime. Family environments during childhood, first alcohol use experiences, meeting partners and their families, having children and the social context of work during adulthood, as well as roles and responsibilities and health factors associated with older age all worked to either decrease or increase alcohol use across the life course.

Discussion

The purpose of this study was to highlight the broader social location of alcohol use within the everyday lives of Māori. In the current study, social factors and events within three life stages were identified which provide insight into the socially based trajectories of alcohol use among Māori. The findings from this study also illustrate diverse, fluid, and, both problematic and non-problematic examples of alcohol use which work to broaden understandings about indigenous peoples' alcohol use and offer alternative perspectives on Māori alcohol use in particular. Specifically, participants' childhood reflections of how they observed alcohol use in their family environment highlighted the diversity of alcohol use and the range of factors which influenced family alcohol use, including religion, finances, and physical location. Participants' stories also illustrate the use of alcohol as part of celebratory and happy occasions reflecting the broader culture of alcohol use within Aotearoa in which alcohol is understood to be an important marker in celebratory events and occasions (Cagney, 2006).

Participants' experiences of others' alcohol use during their childhood influenced the development of their own ideas and expectations about alcohol.

Adult alcohol use was generally characterised by the influence of particular life events and social contexts and this supports existing literature on the promotional or restrictive roles that important life events have on alcohol use (Kretsch & Harden, 2014; Lee, Chassin & MacKinnon, 2015; Gates et al., 2016). Researchers (e.g. Schulenberg & Maggs, 2002; Schulenberg, Sameroff & Cicchetti, 2004) also argue that resulting changes in social roles and milieu impact alcohol use and this was supported by present findings. For example, the finding that alcohol use among Māori is influenced by certain work contexts has been developed in other work (Herbert, Forster, et al., 2017), and provides one focus for ongoing enquiry.

Current alcohol use among the older Māori participants was primarily characterised as minimal. These results in this small qualitative study are supported by national alcohol use data on older Māori (Ministry of Health, 2016) and larger studies which show minimal alcohol use within this group (Kerse, 2014). The results from this study are also supported by previous research showing that alcohol use in the general population in Aotearoa decreases with age (Hodges & Maskill, 2014b; Khan et al., 2006). Future research could explore this in more detail, especially among Māori, to gain clearer insight into factors influencing frequency of alcohol use in older age.

The present study findings are also supported by previous research in Aotearoa, suggesting that lifestyle and health related factors have a significant influence on alcohol use in older age (Health Promotion Agency, 2014; Hodges & Maskill, 2014b; Khan et al., 2006). In particular, our participants' desire to be good role models and to improve their health and lifestyles was linked with a decrease in alcohol use suggesting that participants drew on broader societal narratives about the roles of elders and the negative health effects of alcohol use to inform decisions about their own consumption.

Limitations

This study is the first to explicitly explore the social influences on alcohol use across the lives of Māori people, from the perspectives of older Māori. While these findings may contribute to the development of broader understandings of the social location of alcohol use among Māori, data were obtained from a small sample of older Māori. The experiences of these participants may not be representative of all Māori, and do not include in-depth exploration of specific cultural issues. Additionally, this study relied on participant recall of past alcohol experiences and these experiences may be interpreted differently in older age.

Further research could utilise larger samples with participants at varying ages to explore changing norms and social contexts of alcohol use. Future research could also usefully consider how the social locations of everyday alcohol use contribute to and detract from wellbeing, how the work environment may contribute to the uptake and use of alcohol, and how socialising practices that involve alcohol use may change as people age, to provide more comprehensive accounts of the social location of alcohol use among Māori in contemporary Aotearoa society.

Conclusion

Titiro whakamuri, kia whakatika ā mua

(Look to the past to inform the future)

This study drew on kaumātua wisdom to build on current public health ideas about alcohol use and inform future alcohol research. Older Māori participants reflected on their alcohol experiences across their lifetime to highlight diverse and changing patterns of alcohol use which are influenced by changing social environments. These understandings of the social context of alcohol use highlight the social aspects of other recent research findings about how Māori people are using alcohol in their everyday lives.

These findings support the development of research to address the social influences on alcohol use and recognise the broader role of alcohol in everyday social life. To inform the

development of public health interventions which align more closely with the social and cultural location of Māori people's alcohol use, further research into everyday alcohol use by Māori is required.

Chapter ten

Kaupapa whānau: Study three

For the third study, members of five kaupapa whānau shared their perspectives of older Māori alcohol use in Aotearoa society. This chapter provides a brief descriptive account of each kaupapa whānau to contextualise the subsequent findings of this study.

He rākau tawhito, e mau ana te taitea I waho rā, e tū te kōhiwi

A literal translation of this whakataukī is "an ancient tree with sapwood just adhering to the outside, while the heartwood stands firm" (Durie, 2011, p. 250). Metaphorically, this whakataukī uses characteristics of a rākau to refer to important values and attributes ascribed to older people; though the body may be infirm, the spirit remains indomitable. This whakataukī provides one illustration of Māori people's positive views on ageing and older people (Durie, 2011). In this study, members of each kaupapa whānau generously shared kōrerorero that reflected their collective wisdom and understandings of alcohol use. I therefore selected native rākau pseudonyms for each kaupapa whānau that personify wisdom, strength and leadership within Te Ao Māori. Each participant chose their individual pseudonym or opted to keep their actual name.

Tōtara

Tōtara comprised three members: Matua Mince, Matua John and Whaea Dustbin (2 men and 1 woman), who were based in the wider Wellington region. All participants were directly connected through the primary contact person[4]. Two participants had regularly met at their local RSA for many years and the third participant had been employed in the same occupation as the primary contact person prior to their retirement. He also knew the two participants through

[4] The primary contact person was the same for both the Tōtara and Rimu.

occasionally socialising at the RSA. The participants have spent many years in their urban environment but have whakapapa links to other areas in Aotearoa where they were raised.

The hui was held in a community police whānau room. Their kōrerorero focused on perceptions of alcohol use in their local community and among older Māori people, as well as alcohol use 'back home' within their iwi, hapū, whānau, and at their respective marae. They also discussed factors that they believe influence Māori people's alcohol use in contemporary society.

Rimu

Rimu comprised three older Māori members: Matua Pip (primary contact person), Matua Bugsy and Whaea Noti (2 men and 1 woman), who were based in the wider Wellington region. These participants had existing relationships with each other through regularly socialising at their local RSA together over the years. All participants were urban based and had whakapapa links to iwi in other areas in Aotearoa.

The hui was held in a community police whānau room. Their kōrerorero focused on their perceptions of alcohol use within their community, and in particular, their own socialising experiences which involved alcohol use. They also discussed why they thought Māori may consume alcohol and the labels of 'hazardous', 'binge', and 'problem' drinkers.

Miro

Miro comprised three members: Whaea May, Whaea Gaga and Matua Me (2 women and 1 man), who were based in the Manawatū region. Two participants belonged to a kaumātua social and support rōpū (group) which was facilitated by the third participant and run through an iwi provider in their local community. All three participants had known each other for a number of years and have socialised together on regular occasions.

The hui was held in a private room at an iwi organisation. Much of their kōrerorero centred on their general perceptions of alcohol use among Māori as well as more specific

kōrerorero about alcohol use, or the lack of, among older Māori and within their kaumātua social and support rōpū.

Kauri

Kauri comprised six members: Whaea Isabella, Whaea Liarne, Whaea Mereana, Matua Rawiri, Matua Roger (primary contact person), and Matua Hone (3 women and 3 men). One participant also had a whānau member present in a support role capacity and comments from this support person were not included in any analyses. Participants were based in te Tai Tokerau region and were connected through their shared hapū affiliation. Thus, these participants were also a whakapapa whānau.

The hui was held at participants' marae. Their kōrerorero tended to centre on ideas about both current and past alcohol use at their marae and within their communities. They noted many changes between past and present alcohol use.

Kahikatea

Kahikatea comprised four members: Whaea Aroha, Whaea Awhina, Whaea Hine, Matua Rangi (primary contact person) (3 women and 1 man) who were based in te Tai Tokerau region, and were connected through their membership to a Māori Catholic Church. Three of the four participants were also whakapapa whānau. The hui was held in a primary school building of a local kura kaupapa during term break. Their kōrerorero was diverse and covered a range of topics including both personal experiences and understandings of alcohol use as well as alcohol use at their respective marae and in their communities. They also discussed factors which they believe influence Māori people's alcohol use and ways to initiate changes in Māori alcohol use.

Chapter eleven

Study three (a): Kaupapa whānau perspectives of alcohol use

The third study in this thesis builds on the findings from the first study and contributes to current understandings of the social context of Māori alcohol use. Ethical approval was granted by Massey University Human Ethics Committee: Southern B (13/48). Using kaupapa whānau comprising 3-6 older Māori members this study aimed to explore the broader and socially shared meanings of alcohol use among older Māori. This study is reported in chapters 11 and 12 which have been written as papers for publication.

This chapter has been submitted for publication in an international journal as:

Herbert, S., Stephens, C., & Forster, M. (2017). *It's all about whanaungatanga: Alcohol use and older Māori in Aotearoa.* Manuscript submitted for publication.

DRC 16

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GRADUATE RESEARCH SCHOOL

STATEMENT OF CONTRIBUTION
TO DOCTORAL THESIS CONTAINING PUBLICATIONS

(To appear at the end of each thesis chapter/section/appendix submitted as an article/paper or collected as an appendix at the end of the thesis)

We, the candidate and the candidate's Principal Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of Candidate: Sarah Herbert

Name/Title of Principal Supervisor: Professor Christine Stephens

Name of Published Research Output and full reference:

Herbert, S., Stephens, C., & Forster, M. (2017). It's all about whanaungatanga: Alcohol use and older Māori in Aotearoa. Manuscript submitted for publication.

In which Chapter is the Published Work: Chapter 11

Please indicate either:

- The percentage of the Published Work that was contributed by the candidate:

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  The candidate prepared the full draft of the manuscript and supervisors' comments and input have been to the same extent as for a usual thesis chapter.

Sarah Herbert Digitally signed by Sarah Herbert Date: 2017.08.08 10:39:00 +12'00'
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8/8/17
Date

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10/08/2017
Date

GRS Version 3– 16 September 2011

It's all about whanaungatanga: Alcohol use and older Māori in Aotearoa.

Abstract

This study explored the socially shared meanings of alcohol use among indigenous older Māori in Aotearoa. Using a Māori centred research approach, hui were held with five kaupapa whānau, comprising older Māori (n = 19), who shared their perspectives of alcohol use. Kōrerorero from each kaupapa whānau was used to configure a shared narrative of older Māori alcohol use. Alcohol use is understood in the context of whanaungatanga which was identified as the primary driver for older Māori engagement in alcohol use environments. However, participant's argued that alcohol is not necessary to experience whanaungatanga and alternative options for alcohol-free events that support whanaungatanga were shared. These findings highlight the importance of whanaungatanga among Māori and suggest the need for events and activities that support whanaungatanga, rather than alcohol use, to enhance the health and wellbeing of older Māori.

Key Words: Māori, alcohol, social-cultural context, whanaungatanga

Introduction

Alcohol use among Māori, the indigenous people of Aotearoa, is generally considered a 'normal' part of everyday life, although not an integral component of Māori culture and society (Cagney, 2006; Durie, 2004; TPK & KWWA, 1995). Further, there is widespread recognition of its contribution to health and social problems (Bramley et al., 2003; Durie, 2004; Mancall et al., 2000; Ministry of Health, 2013; Saggers & Gray, 1998), and, evidence from epidemiological research shows distinct and problematic patterns of alcohol use within the Māori population (Bramley et al., 2003; Connor et al., 2005; Fryer et al., 2011; Hodges & Maskill, 2014a).

This is reflective of other indigenous people's patterns of alcohol use (Hudson, 2011; Hunter, 1993; Wilson et al., 2010). However, research is often biased; focusing largely on harmful alcohol use rather than the everyday and non-problematic use of alcohol (Seale et al.,

2002; Sargent, 1983; Spicer et al., 2003). Among Māori for example, explanations for harmful alcohol use and treatment of harmful alcohol use are often the focus in research literature (e.g. Durie, 2004; Durie & Soutar, 2001; Huriwai, 2002; Huriwai et al., 2000; Hutton & Wright, 2015; Marie et al., 2012). While useful information is gained from such literature, the focus on harmful alcohol use works to establish and confirm negative stereotypes held about Māori people and ignores the diversity of alcohol use within indigenous populations (Maynard et al., 2013; Sargeant, 1983), including Māori.

The need to consider the socio-cultural environments of alcohol use is widely acknowledged (Ayuka, Barnett & Pearce, 2014; Cagney, 2006; Inter-Agency Committee on Drugs, 2015, Jayne et al., 2010; Lyons, Emslie & Hunt 2014; Pavis et al., 1997). However, researchers in Aotearoa argue there is a scarcity of research which focuses on the socio-cultural location of alcohol use among Māori (e.g. Clarke & Ebbett, 2010; Herbert, Forster, et al., 2017; McKenzie et al., 2014). This scarcity is despite recognition that Māori alcohol use is often socially motivated (Awatere et al., 1984; Clarke & Ebbett, 2010; Herbert, Forster, et al., 2017; TPK & KWWA, 1995), and Māori social structures such as whānau and, Māori cultural identity have been found to influence alcohol use (Clarke & Ebbett, 2010; Durie et al., 1996; Herbert, Forster, et al., 2017; Waldon, 2004). Specifically, Herbert, Forster, et al. (2017) describe Māori alcohol use as being embedded in the socialising practices within sport, work, and family environments and highlight the concept of whānau as being central to understanding the social location of alcohol use. Herbert, Stephens and Forster (2017) highlight social factors across the lifetime, such as observations of alcohol use during childhood, first alcohol use experiences, meeting life partners and having children and, the impact of ageing as being related to changes in Māori alcohol use.

While these findings provide a starting point for understanding the socio-cultural context of alcohol use among Māori, further research is needed to provide a more detailed and nuanced understanding of how alcohol is embedded in the everyday lives of Māori people. In particular,

research is needed among older Māori due to the rapid increase occurring in this segment of the Māori population at present. In 2001, there was 1 in 33 Māori aged 65+ in the Māori population and it is estimated this will increase to 1 in 8 older Māori (65 years+) by 2021 (Hodges & Maskill, 2014a; Kukutai, 2006). Older Māori thus require specific attention to ensure their health and wellbeing in the future (Hodges & Maskill, 2014a; Kukutai, 2006). Furthermore, little is known about the social context of older Māori alcohol use. What is known is that older Māori may be engaging in hazardous and binge drinking (Herbert & Stephens, 2015; Kerse, 2014; Stevenson et al., 2015), although other research suggests that most older Māori are likely to be occasional drinkers and do not view alcohol as the main focus during social occasions involving alcohol (Durie, 2004; Herbert et al., 2017). Such findings must be explored in further detail to provide a more nuanced understanding of older Māori alcohol use.

In the current study, hui were held among kaupapa whānau comprising older Māori, to explore their perspectives of the broader and socially shared meanings of alcohol use. Older Māori participants were recruited primarily because our focus was on older Māori alcohol use, but also because we acknowledge the wealth of knowledge and understanding held among older Māori, based on their lifetime experiences. The combined wisdom of groups of older Māori would provide a greater depth of understanding on the topic of alcohol use. More generally, kaupapa whānau hui were selected as the data collection method because it allows for the emergence of shared perspectives of alcohol use, as understood from within a Māori worldview (Lee, 2009), which is congruent with the principles of Māori centred research (Durie, 1997a).

Method

This research, grounded in a Māori centred approach, explored alcohol use from within a Māori worldview and in a way that sought to empower participants and Māori communities (Cunningham, 2000; Durie, 1997a; Forster, 2003). Five kaupapa whānau shared their perspectives of the socially shared meanings of alcohol use within Māori society. Data was

analysed using a Māori cultural lens to illustrate how Māori concepts and lifestyles shaped perspectives of alcohol use among older Māori.

Three principles: whakapiki tangata, whakatuia, and mana Māori underpin Māori centred research (Durie, 1997a). These principles were used to inform research processes, practice, and tikanga throughout the research. For example, during recruitment, whakapiki tangata and mana Māori meant allowing space and time for whakawhanaunga to occur between the lead author and participants as well as the sharing of kai to assist in this process. It meant privileging face to face contact with participants as well as encouraging participants to query any aspects of the research topic and proposed processes in order to support Māori control over the research, accountability by the researchers, and, protection of knowledge generated from this study.

Whakatuia underpinned the use of broad and open ended questions to guide kōrerorero within each kaupapa whānau. Whakapiki tangata meant creating a mana enhancing environment for participants by encouraging them to share holistic perspectives of alcohol use without being judged. Mana Māori meant that participants were invited to direct the kōrerorero and no conversational points were discouraged or diminished by the researcher. During analysis, whakatuia was upheld through acknowledgment of a holistic Māori understanding of alcohol use in the analytical framework. Whakapiki tangata and mana Māori meant that we did not seek to reinforce particular ideas and stereotypes about Māori people's alcohol use. This allowed for Māori specific understandings of alcohol use to emerge which may provide avenues for enhancing Māori health and wellbeing by addressing what is important to older Māori in the context of alcohol use.

Participants

A convenience sample recruited via the lead author's social networks and comprising people who identified as Māori and were aged 60 years or over, was invited to take part in the study. Nineteen older Māori (ten women and nine men) agreed to participate in one of five kaupapa whānau. Participants were given the option of choosing a pseudonym to protect their

identity and to have all identifying information removed from the data to ensure their confidentiality. However, in the interests of maintaining whakapiki tangata and mana Māori, actual names and identifying information were retained for those who requested this.

Procedure

Participants were recruited using a snowball sampling technique. Five older Māori individuals, identified as potential primary contact people by the lead author, were contacted via phone and received a verbal outline of the research and invited to meet face to face, or to continue conversing via phone call and email to explain the objectives of the study and the role of the primary contact person in more detail. All five people agreed to learn more about the research.

During the face to face hui (3) or subsequent email contact (2), each person was provided a primary contact information sheet and invited to ask questions and provide suggestions for the research. The role of the primary contact person was to identify 3-6 people, who they thought may be interested in participating in the study. Four of the five contacts chose to contribute to the project and were provided with information sheets to distribute to older Māori (60 years plus) who they thought may be interested in participating. Primary contact people were also invited to participate. The primary contact people then lead the recruitment process in a manner consistent with their tikanga.

Once a kaupapa whānau had been recruited a whakawhanaunga hui was arranged with the lead author. In total, four hui were held at a venue chosen by each primary contact person and which was convenient for potential participants. During these hui, whakawhanaunga ensued between the lead author, and potential participants. Additionally, the research aims and objectives were outlined and people were invited to ask questions about the research. All hui began and ended with karakia and involved sharing of kai and drink. Everyone who engaged in these hui chose to contribute to the project.

Data collection hui were then arranged with each kaupapa whānau and primary contact person; all of whom chose to participate in the research. One kaupapa whānau requested to have two hui due to the large number of participants and to enable everyone to have the opportunity to attend. This subsequently became two kaupapa whānau. All data collection hui were conducted within 2-4 weeks from first contact with participants. Karakia was given at the start of each hui, the consent process was explained with opportunities for further questions, then participants signed a consent form before a voice recorder was turned on and kōrerorero began. At the completion of each data collection hui, koha were given to all participants and primary contact people.

Kōrerorero

Five kōrerorero sessions of 80 - 130 minutes' duration were conducted in 2015. Participants were given a semi structured kōrerorero schedule comprising four open ended questions to facilitate unrestricted conversation. Questions were about how older Māori alcohol use in everyday society is understood, any issues or concerns as well as any positive aspects about older Māori alcohol use, and, current perceptions of older Māori alcohol use. Using these questions, each kaupapa whānau led their kōrerorero by choosing how they responded to each question and which aspects of the topic they wished to focus on.

Analysis

The audio-recorded kōrerorero were transcribed for analysis. We utilised an inductive approach and drew on both the concept of 'open coding' proposed by Crang and Cook (2007, as cited in Bold, 2012) and narrative analysis (Polkinghorne, 1995). Crang and Cook's 'open coding' requires study of the raw data, with no pre-existing ideas (2007, as cited in Bold, 2012). Rather, elements within the data are identified by the researcher and coded accordingly. Codes can be reviewed throughout the coding process until all the data has been studied and coded

(Bold, 2012). Using the qualitative analysis program NVivo [Pro], (Version 11.3.2.779), kōrerorero was coded based on recurring and compelling ideas.

Narrative analysis (Polkinghorne, 1995), was then used to configure a story which explains how kaupapa whānau conceptualised and understood older Māori alcohol use. Polkinghorne's (1995) method of narrative analysis requires the researcher to organise "data elements into a coherent developmental account" (p. 15), otherwise known as the process of data configuration whereby data is structured into a logical and unified story (Polkinghorne, 1995). In this study, we structured coded kōrerorero from all kaupapa whānau into a coherent and narrative account of older Māori alcohol use. Polkinghorne (1995) notes that "the final story must fit the data while at the same time bringing an order and meaningfulness that is not apparent in the data themselves" (p. 16) suggesting a reliance on the researchers' disciplinary expertise to interpret the participants' contribution to the research. This method of analysis therefore aligns to a Māori centred research approach because the resulting narrative privileges participant's voice and has a central focus on Māori experiences (Durie, 1997a). Further, a Māori cultural lens may be applied by the researcher during interpretation of data to ensure the story is embedded in a Māori cultural framework. In summary, this analysis revealed that older Māori perspectives of alcohol use are primarily understood in the context of whanaungatanga.

Results

Kōrerorero from the kaupapa whānau highlighted the notion that older Māori people's alcohol use is often embedded in broader social environments which primarily support whanaungatanga, *"As a culture, as Māori… we always do things together, collectively… So when anyone went anywhere, did anything, we as Māori did that* [together]*"* (Whaea May; Miro). Members of these kaupapa whānau described whanaungatanga as socialising, connectedness and communicating with others and explained it in connection to alcohol use and the social environments of alcohol use as follows. The overarching narrative was that 'alcohol supports whanaungatanga, and the physical locations of alcohol use support whanaungatanga.

However, it's about the whanaungatanga, not the alcohol use, in fact alcohol is not even necessary and there are other options for supporting whanaungatanga'. This narrative is described in more detail below with excerpts from participant kōrerorero to illustrate each part.

Alcohol use supports whanaungatanga

Alcohol use was constructed as a positive support for aspects of whanaungatanga. For example, participants in Rimu said:

> Matua Pip: *Alcohol to me has a fairly large social aspect, it generates conversations, it generates sociability. It simply brings* [people] *together.*
>
> Whaea Noti: *To me, like a lot of other Māori, we go to have a social drink with other people and then you get into conversations and it's good.*

In the same way that alcohol use was described as supporting whanaungatanga, members in these kaupapa whānau also described it as helping to combat feelings of loneliness experienced by older Māori. For example, Whaea Dustbin in Totara said:

> [Alcohol use is about] *socialising, because they* [older people] *are lonely, they've got nothing else around the house but themselves, it's a form of communication, caring and sharing, I believe. It's just talking; go out to meet people to talk.*

This excerpt illustrates how alcohol use and the social environment in which it can occur provides space for whanaungatanga to occur. Thus, alcohol use may be described as playing a role in combatting loneliness but the social environment is viewed as the important factor because this is what supports whanaungatanga.

The physical locations of alcohol use support whanaungatanga

The physical locations of alcohol use among older Māori were described as places which support whanaungatanga. For example, the RSA was described in terms of the opportunities it provided for whanaungatanga. Matua Mince in Totara described his engagement at the RSA in this way:

> *On Saturdays… I go with a specific group of people, it's mainly the punters club that John and I belong to… so we actually get together every Saturday, but then I don't drink alcohol but my mate, he drinks quite a bit of alcohol and I end up being his sober driver…. So that's the reason why I'm there, plus the social aspect of it all and the punting.*

Matua Bugsy from Rimu also described how whakawhanaunga is supported at the RSA:

> *I think if you start going to the RSA… like with a new person, if they keep going regularly then they get to know someone and then the next time they come in you get a wave and then you know you can make friends and get on with other people.*

The home was also identified as a physical location of alcohol use. For example in Kauri, Matua Roger said: "*If they do consume* [alcohol] *it's within the confines of their own home"*. Whaea May from Miro described socialising with alcohol use as likely to occur in the home: *"If there's any socialisation going to happen with Māori, and older Māori, it's usually in their home".* While Matua Roger identified the home as a place where older Māori may consume alcohol, Whaea May extended this by suggesting that there is a whanaungatanga component to such alcohol use. Thus, places supporting both whanaungatanga and whakawhanaunga are often locations in which alcohol is present.

Participants also talked about how these places either support or do not support whanaungatanga which in turn constructed alcohol use as good or bad. For example, the RSA was described as a 'good' place for older Māori people, and alcohol use in this environment was constructed positively, as supporting whanaungatanga. Conversely, the home environment was described as a place where problematic alcohol use may occur if there was no opportunity for whanaungatanga. For example, when discussing the RSA, participants described the conveniences or benefits afforded older Māori people, who attend such places. The following excerpt from Rimu illustrates this, where participants described the RSA as a good place:

Matua Pip: *People go to drink at premises that are regulated, controlled and RSA is a part of that.... because you feel safe*

Matua Bugsy: *having the courtesy van's a big help too…. If you live out of town, which a lot of people do, they will get the van back, its only five bucks or whatever it costs, it's good.*

Whaea Noti: *It's a $2 dollar coin donation*

Matua Pip: *I think another attraction of the RSA too is people who come there, they don't have to travel into town*

Matua Bugsy: *yea yea*

Matua Pip: *there's also the availability of coffee and non-alcoholic drinks too*

Whaea Noti: *yes and that's right*

Matua Bugsy: *plus the RSA is cheaper than going down to the pub too*

Whaea Noti: *and then you can get something to eat, that's another thing…*

This excerpt highlights the many benefits experienced in the RSA environment, including the regulations in place to ensure safety, enjoyment and alternative options to consuming alcohol.

Conversely, Rimu described using alcohol at home on your own as problematic if it is devoid of any whanaungatanga. Thus again, the connection between whanaungatanga in alcohol environments is highlighted. The following excerpt illustrates this:

Matua Bugsy: *I think you got a problem if you drink at home by yourself…. I don't drink at home, I might have a beer but I mean if you're sitting down just drinking at home by yourself you have a big problem…*

Whaea Noti: *It is, yea. How can you to sit at home and drink on your own?*

Matua Pip: *are you watching TV?*

Matua Bugsy: *well I don't know, I don't do it, but I know people who do do it, bottle of wine and sits at home and drinks it*

Whaea Noti: *what's the sense in it? You've got no one to talk to and you're drinking, you like to enjoy your drink, so how are you enjoying it when you're drinking on your own?*

Matua Bugsy: *yea well, that's the problem*

Matua Pip: *you enjoy company and enjoy conversation*

Whaea Noti: *that's right but if you're on your own…*

This excerpt further highlights the importance participants place on the occurrence of whanaungatanga in environments where alcohol is used. While alcohol use may support whanaungatanga, the primary motivator for older Māori engagement in these physical locations is the whanaungatanga itself.

It's about the whanaungatanga not the alcohol use

The importance of whanaungatanga among older Māori in particular is emphasised by participants, as the primary motivator for older Māori to meet, irrespective of the presence of alcohol. It is generally whanaungatanga that prompts engagement in social environments where alcohol is present and not the alcohol itself. The following excerpt from Miro illustrates this:

Whaea Gaga: *I think it's not all about alcohol, old people just like being around each other; whanaungatanga, that's what I see from all of us kaumātua here anyway, we get together and alcohol is seldom used.*

Whaea May: *Yea, alcohol is very very rare.*

Similarly, kōrerorero from kaupapa whānau highlighted that loneliness is combatted because whanaungatanga occurs, not because alcohol use occurs. For example, in Miro, Whaea May said: "*loneliness is one the key issues here with a lot of our kaumātua, when their partner has gone, their families have gone. It's isolation, that's when they seek that whakawhanaungatanga, it's not the alcohol"*. Participants in Rimu supported this idea:

> Matua Pip: *I think loneliness has a huge input…. When I was working up here, and there were people in the bar, maybe with a pint of beer, but the main reason for them being there was for the company…*
>
> Whaea Noti: *Yes, that's right…. Loneliness has a lot to do with it… they've lost their other halves and that's inside all the time; it comes up, you have a beer, try to forget, then you got your friends to talk about it…. You get into conversations and its good, because you're not the only person sort of thing.*

Participants described how social environments where alcohol is present may combat feelings of loneliness among older Māori by providing an opportunity for whanaungatanga to occur within that social environment.

In fact, alcohol is not even necessary…

Other kōrerorero from kaupapa whānau emphasised the idea that alcohol use among older Māori in social environments is not even necessary for whanaungatanga to occur, despite being available. For example, Totara said:

> Whaea Dustbin: [having alcohol] *is just a conveniency… like most of us here would go to the RSA, to have a beer and to sit around the table and just chat, which is an everyday thing. It's not as if you go out of your way to be there just to drink because that doesn't always happen, but to talk yea.*
>
> Matua Mince: *I think these days the only reason I probably go to the RSA…in the social sense, is the fact that I don't go there for the alcohol anymore, it's more like not having sky TV at home, and going to watch sports and that there…. but that's where the socialising side comes into it…. So that's the reason I go there now.*

Whaea May in Miro also said: "W*e've done one or two of those happy hours* [kaumātua social event] *in the last 11 years…. But for me…we didn't need the alcohol, alcohol wasn't really a major factor there".* All kaupapa whānau talked about how alcohol use is not necessary, or rather, it is secondary to the primary desire for whanaungatanga among older Māori.

Similarly, participants highlighted that when whanaungatanga is able to occur, alcohol does not need to be present. For example, Whaea Awhina in Kahikatea describes an event that enables whanaungatanga among the older people in her community and does not involve alcohol. She says: *"our marae… shouts the community* [referring to the elders]*…. and we take them on a boat trip in the… harbour…. and we still don't have alcohol…. It's just coming together, having a meal together, seeing the sights… yea we have fun so it doesn't have to be alcohol"*. Whaea Awhina emphasises that whanaungatanga opportunities don't require alcohol for people to enjoy the occasion.

Alternative options for whanaungatanga that do not involve alcohol use

Kaupapa whānau not only highlighted that alcohol was not necessary in environments where whanaungatanga occurs but they also provided ideas for occasions or events that would support whanaungatanga among older Māori and did not involve alcohol. Matua John in Totara said:

> *I think a better option would be card evenings when we go out… I used to play euchre and 500 and that's where I used to see all the elders laughing away, playing cards. So alcohol, well there was no alcohol you see, all you did was, you had a cup of tea and sandwiches afterwards and then everyone went home … so alcohol is not necessary it's just that, some sort of socialisation.*
>
> Whaea Dustbin: *Well you take alcohol away from any equation and still have a good time*
>
> Matua John: *it's just having that social interaction which is needed.*

Participants emphasised the need for environments which support whanaungatanga, rather than alcohol use, as being important in older Māori wellbeing.

Matua Rangi in Kahikatea also spoke about providing alternatives for older Māori to connect which can help to minimise alcohol use among Māori. He says:

> *We've been running this thing called 'Iron Māori' and we did one… last year, just to test it to see if people were interested and it was great…. We had a whole set of over 60 year olds, all good! And amongst them, two of them had been lifelong smokers and they gave up smoking and they haven't gone back…. So that was a really encouraging thing, but I think even just for that short period, because I think the whole kaupapa is about healthy lifestyles …. You're actually getting people to do some healthy living… maybe they eat a little bit better, maybe don't have a drink, don't have a smoke, just for that period and hopefully it will just keep growing.... So, yea, it's something to look forward too, to plan for, so even the people who are isolated, they can do their own little bit or even just connect, it was about connecting people with one another and saying 'oh lets go for a walk or lets go for a swim'.*

This excerpt illustrates how events which promote whanaungatanga may also help older Māori to create lifestyle changes, including reducing their alcohol use.

Discussion

The purpose of this study was to develop ideas about the broader and socially shared meanings of alcohol use among older Māori. The participants in this study conceptualised alcohol use as a social phenomenon and generally described it in relation to whanaungatanga, which they described as: socialising, connectedness and communication. That is, kōrerorero among kaupapa whānau centred on the notion that the function/s and location/s of alcohol use support whanaungatanga to occur, as well as combatting loneliness. Furthermore, the physical locations of alcohol use, such as the RSA and home environment were constructed as 'good' if they were thought to support whanaungatanga and 'bad' if there was no provision of whanaungatanga, such as solitary alcohol use at home.

However, kaupapa whānau members were clear that it was the experience of whanaungatanga, rather than alcohol use that prompted their engagement in social environments

where alcohol was present and helped to combat feelings of loneliness among the elderly. Moreover, participants described how whanaungatanga can successfully occur without the need for alcohol and provided alternative ideas for events or occasions which support whanaungatanga but not alcohol use. In summary, this study highlights that whanaungatanga is what is important for older Māori wellbeing and that environments which support whanaungatanga are also often environments where alcohol is present and/or used.

This study provides insight into Māori alcohol use and highlights the importance of whanaungatanga as central to older Māori people's engagement in social environments where alcohol is present. More broadly, whanaungatanga is considered to be central to both individual and collective identities, community unity and social organisation through the strengthening of relationships among whānau members (Gillies, Tinirau & Mako, 2007; Nikora, 2007; O'Carroll, 2013). Research highlights whanaungatanga as being "essential to a Māori sense of wellbeing" (Nikora, 2007, p. 346), and that whanaungatanga is an important enabler of whānau wellbeing (Kukutai, Sporle & Roskruge, 2017). Whanaungatanga can provide support during times of need, guidance, inter-generational transfers, sharing environment, support in whānau endeavours and strong identity (Durie, 1997c). Indeed, participants in this study point to health and wellbeing benefits associated with whanaungatanga in the context of alcohol use.

Consistent with previous research, these findings support recognition of the socialising functions of alcohol use among the general older population in both Aotearoa (Aitken, 2015; Khan et al., 2006), and internationally (Dare et al., 2014; Tolvanen & Jylhä, 2005; Ward et al., 2011). More specifically, these findings build on past research which illustrates the socialising functions of alcohol use among Māori (Awatere et al., 1984; Clarke & Ebbett, 2010; TPK & KWWA, 1995).

Important physical locations of alcohol use were also identified and included the RSA and the home environment. While previous research identified public bars and marae as popular locations for alcohol use among Māori (Awatere et al., 1984; Mataura, 1987; TPK & KWWA,

1995), the results from this study suggest a shift in the physical locations of alcohol use that Māori people are choosing to engage in and provide one focus for ongoing enquiry. The RSA and home environment were described as providing a source of whanaungatanga among older Māori and they were viewed as socially acceptable locations for alcohol use only if whanaungatanga occurred during occasions where alcohol was present. Likewise, solitary alcohol use in the home was constructed as 'bad' by some kaupapa whānau because there was no occurrence of whanaungatanga. This finding suggests that while alcohol use may support whanaungatanga in particular environments, older Māori engagement and enjoyment was dependent on the occurrence of whanaungatanga and not alcohol use itself. This supports Durie's (2004) explanation that Māori alcohol use is regarded as acceptable in social environments because it involves socialising and is part of a collective experience. In contrast, solitary alcohol use is regarded as problematic because it is devoid of any socialising experience. Ebbett & Clarke (2010) also highlight negative attitudes held by Māori towards solitary alcohol use due to it being unsociable. More broadly, Cagney (2006) describes how cultural norms of alcohol use in Aotearoa prescribe sociability and proscribe solitary drinking. Findings from this study build on ideas about acceptable alcohol use in the context of older Māori.

Conclusion

Older Māori people's desire for whanaungatanga is central to understanding both their alcohol use and their engagement in social environments where alcohol is present. However, given their reasons are based on their experience of whanaungatanga rather than the alcohol use, it would be useful to provide alternative options for older Māori that support whanaungatanga and not alcohol consumption. In this study, kaupapa whānau provided alternative ideas for such events including card evenings and 'iron Māori'. Waldon (2004) argues for the need to account for the social needs of older Māori to ensure their health and wellbeing and, in his research on health among older Māori people, found that older Māori people's participation in activities at

the marae was related to better health outcomes. Further research is required to highlight locations which will support whanaungatanga for all older Māori.

Chapter twelve

Study three (b): Kaupapa whānau perspectives of alcohol use

This chapter reports on part b of the findings from the third study which have been accepted for publication in the *International Journal of Drug Policy* as:

Herbert, S., Stephens, C., & Forster, M. (in press). Older Māori understandings of alcohol use in Aotearoa/New Zealand. *International Journal of Drug Policy*.

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GRADUATE RESEARCH SCHOOL

STATEMENT OF CONTRIBUTION
TO DOCTORAL THESIS CONTAINING PUBLICATIONS

(To appear at the end of each thesis chapter/section/appendix submitted as an article/paper or collected as an appendix at the end of the thesis)

We, the candidate and the candidate's Principal Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of Candidate: Sarah Herbert

Name/Title of Principal Supervisor: Professor Christine Stephens

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Older Māori understandings of alcohol use in Aotearoa/New Zealand.

Abstract

The predominant framing of indigenous people's alcohol use as problematic has resulted in narrow understandings of indigenous alcohol use in general. In particular, there has been little exploration of how Māori, those indigenous to Aotearoa, contextualise and understand their alcohol use. To build on current understandings of Māori alcohol use, this study explored the broader and socially shared meanings of alcohol use from the perspectives of older Māori. Hui were held with five kaupapa whānau comprising older Māori (n=19) who shared their perspectives on Māori alcohol use. Data were analysed using a master/counter discursive narrative analytical framework. The results show that older Māori drew on a number of discursive strategies to construct three cultural narratives of Māori alcohol use. These were: 'Not all Māori are problem drinkers', 'There is good Māori alcohol use', and 'Alcohol is not the problem'. These narratives simultaneously supported and challenged the dominant narrative that problematises Māori alcohol use. These findings can be used to inform future research to show Māori understandings of alcohol use. Such research will support the development of culturally responsive alcohol policy and health promotion initiatives aimed at addressing alcohol related issues among Māori and thereby improve Māori health and wellbeing.

Key words: Māori; alcohol; social context; older people

Introduction

Indigenous people's alcohol use is often understood in relation to the dominant public health understanding of 'problem alcohol use'. This master narrative is routinely drawn on to explain the negative impacts of alcohol on indigenous people's health (Bjerregaard et al., 2004; Durie, 2004; Hudson, 2011; Saggers & Gray, 1998; Seale et al., 2002). Similarly, in Aotearoa, it is widely acknowledged that alcohol use has had deleterious effects on the health and wellbeing

of Māori (Durie, 2004; Dyall et al., 2014; MOH, 2013; 2016). For example, epidemiological research suggests Māori are more likely to engage in hazardous and/or binge drinking alcohol use (Bramley et al., 2003; Connor et al., 2015); that a high number of older Māori engage in hazardous alcohol use (Herbert & Stephens, 2015); and, that Māori suffer more harm in comparison to non-Māori (Connor et el., 2015; Moewaka Barnes et al., 2003).

Accordingly, alcohol policy and interventions have regularly sought to reduce problematic alcohol use among Māori (Durie, 2004; Gray et al., 2006; Huriwai, 2002; Saggers & Gray, 1998; Inter-Agency Committee on Drugs, 2015), by drawing on causal theories of alcohol misuse (Marie et al., 2012; Durie, 2004; Durie & Soutar, 2001; Saggers & Gray, 1998). In contrast, there has been little exploration of how Māori contextualise and understand their alcohol use.

Globally, socially acceptable alcohol norms and behaviours are largely determined by dominant western cultures, and applied to explanations of indigenous alcohol use (Sargeant, 1983; Spicer et al., 2003), resulting in divergent ideas between indigenous and Western cultures around what constitutes acceptable or problematic, alcohol use. This may contribute to the development and maintenance of negative stereotypes and misconceptions (Byron, 1996; Hall & Hunter, 1995; Hudson, 2011; Hunter, 1993; May, 1996; Spicer et al., 2003; Westermeyer, 1979; Whitbeck et al., 2004). Despite a lack of empirical data to support such stereotypes (e.g. May, 1996; Spicer et al., 2003) and the acknowledged diversity of alcohol use among indigenous populations (e.g. Byron 1996; Hanson, 1995; Hunter, 1993; Westermeyer, 1979), these stereotypes persist. They contribute to dominant ideas that any alcohol use among indigenous people must be hazardous and, have detrimental social and health effects (Byron, 1996; Hunter, 1993; Lurie, 1979; Saggers & Gray, 1998).

The reliance on the ‘problem alcohol use’ narrative results in disparate ideas between indigenous and western cultures about what constitutes ‘problematic’ alcohol use. For example, in Tahiti, French authorities raised concerns about indigenous Tahitian people’s alcohol use, in

particular, their spending the majority of their income on alcohol rather than on housing and material self-improvement, which were deemed more important by the French. However, indigenous Tahitian people did not value material possessions in the same way as the French. Rather, many viewed alcohol as an indulgent pleasure and a reward for working (Lemert, 1979). Lemert thus challenged the French views of this as problematic alcohol use, questioning, "Whose hierarchies are being invoked when the costs of drinking are assessed?" (p. 199).

In recognition of the value that an indigenous perspective would provide, Brough, Bond & Hunt (2004) argue for the need to develop "resources and strategies which connect appropriately to the social and cultural spaces occupied by Indigenous people" (p. 216). In Aotearoa, Durie (1998) has identified the need for a bottom up approach whereby involvement in Māori communities operates from a Māori philosophical base in order to achieve successful health promotion outcomes. Such approaches rely on culturally responsive and appropriate alcohol policy to support them. It has been argued that ideas about health are often founded upon Western notions of health and wellbeing, which in turn, inform health policy and promotion initiatives (King et al., 2009; Ratima, 2001), and this may limit their effectiveness among Māori (Brady, 2000; Gray & Saggers, 2005; Ratima, 2001; Wood et al., 2008). This recognition is supported by the continued disparities observed in Māori health and wellbeing outcomes when compared to non-Māori (Ratima, 2001, p.110). Alcohol policy and interventions among Māori are apparently failing, with minimal change in harmful alcohol use observed over the last 20 years (ALAC & MOH, 2001; MOH, 2009, 2016).

Alcohol policy and health promotion practice must adapt to the cultural preferences and social realities of Māori while also supporting secure identities (and other Māori identified goals) to improve overall lifestyles among Māori (Ratima, 2001; Ropiha, 1994; Walton, Tu'Itahi, Stairmand & Neely, 2015). Moreover, health professionals must attend to and foreground indigenous counter narratives to dominant 'western' narratives, which often proceed from a position of cultural superiority or ethnocentrism. To this end, research regarding Māori

conceptualisations of alcohol use can strengthen alcohol policy and health promotion efforts aimed at addressing issues associated with alcohol use among Māori.

Our study aimed to explore older Māori perspectives on alcohol use, to broaden current understandings. In acknowledgment of the collective wisdom of Māori elders (Durie, 1999b; Kukutai, 2006; Maaka, 1993), we specifically sought the combined knowledge of groups of older Māori to provide a greater depth of understanding of alcohol use.

Method

We utilised a Māori centred research approach (Durie, 1997a) to explore alcohol use from within a Māori worldview. Māori centred research is founded upon three key principles: whakapiki tangata, whakatuia, and mana Māori (Durie, 1997a). These principles, along with appropriate tikanga, were used to guide the research processes. For example, during recruitment, the principles of whakapiki tangata and mana Māori required that we prioritised time and space for a whakawhanaunga to occur between the facilitator and participants, along with the sharing of food to support whakawhanaunga. During data generation and in the interests of whakapiki tangata, the facilitator sought to create a mana enhancing environment for participants by encouraging them to share holistic perspectives of alcohol use, without judgement. In order to uphold mana Māori, participants were encouraged to lead the discussion and no conversational points were discouraged or diminished by the facilitator. In recognition of whakatuia, a holistic Māori understanding of alcohol use during analysis was drawn on.

Participants

A convenience sample comprising Māori (60+ years) were invited to take part in the study. Nineteen older Māori (ten women and nine men) agreed to participate in one of five kaupapa whānau discussions. Each kaupapa whānau was labelled after a native tree: Kahikatea, Kauri, Rimu, Totara and Miro. All participants were provided the option of using a pseudonym to protect their identity and to have identifying information removed from the raw data to ensure

confidentiality. In the interests of maintaining whakapiki tangata and mana Māori, actual names and identifying information were retained for those who requested this.

Procedure

Five older Māori, identified as potential primary contacts, were contacted via phone or face to face and received a verbal outline of the research and the role of the primary contact person. They were also provided a primary contact information sheet and invited to ask questions and provide suggestions for the research. The role of the primary contact person was to invite 3-6 people to participate in a kaupapa whānau discussion. Kaupapa whānau are a modified version of focus groups in which participants have existing relationships with each other (Lyons & Willott, 2008; Metge, 1995). Four contacts chose to contribute to the project and were provided with information sheets to distribute to older Māori (60 years plus). The primary contact people then lead the recruitment process in a manner consistent with their tikanga. Ethical approval was granted by the University Human Ethics Committee prior to the recruitment phase.

Once a kaupapa whānau had been recruited a whakawhanaunga hui was arranged with the facilitator. These hui support the development of relationships (Bishop, 1996), in a face to face manner, important within Māori culture (Pere & Barnes, 2009). In total, four hui were held at a convenient venue chosen by each primary contact person. During these hui, the facilitator engaged with potential participants and then the research aims and objectives were outlined and people were invited to ask questions about the research. All hui incorporated appropriate research tikanga including beginning and ending each hui with a karakia and involving sharing of food and drink. All who engaged in these hui chose to contribute to the project, including all primary contact people.

Data collection hui were then arranged with each kaupapa whānau. One kaupapa whānau split into two separate groups to enable everyone the opportunity to attend. All data collection hui began with a karakia before the consent process was explained with opportunities for further questions. Then participants signed a consent form before a voice recorder was turned on and

discussion began. At the completion of each data collection hui, gifts were given to all participants and primary contact people.

Kaupapa whānau discussions

Five kaupapa whānau discussions ranging from 80 to 130 minutes duration were conducted in 2015. In recognition of the co-construction of narratives (Mischler, 1986), it is important to understand the role of the facilitator. All participants had become familiar with the facilitator during whakawhanaunga, and she sought to position participants as the experts on older Māori alcohol use, emphasising her interest in all aspects of their ideas. To this end, participants were given four open-ended questions about how Māori alcohol use is understood: "What are your understandings of Māori alcohol use?", "Are there any issues or concerns?", "Are there positive aspects?", "What are the current perceptions of Māori alcohol use?". These questions emphasised the value placed on participant knowledge and each kaupapa whānau chose how they responded to the questions and which aspects of the topic they wished to focus on.

Analysis

The audio-recorded discussions were transcribed for analysis. We drew on the concept of 'open coding' (Bold, 2012), and a discursive approach to narrative analysis which drew on the master/counter narrative framework (Andrews, 2004) to contextualise kaupapa whānau understandings of alcohol use. Using qualitative analysis software (NVivo [Pro], version 11.3.2.779), we identified recurring and compelling ideas that were coded accordingly. Codes were repeatedly reviewed throughout the analysis until all data had been studied and coded (Bold, 2012).

The data were then analysed with a view to identifying narratives that illustrate resistant ways of speaking, or which 'talk back to', the master narrative of problem alcohol use. Master narratives are the dominant cultural narratives within our social context, which inform our

understandings of reality (Andrews, 2004; Squire et al., 2015). They emphasise particular "ways of being, acting, or feeling" (Kerrick & Henry, 2016, p. 2), dictating how people 'should' live their lives and understand their experiences (Squire et al., 2015; Thommesen, 2001). Often taken for granted, master narratives are assumed to represent a 'normative experience' (Andrews, 2004) and function to "maintain social order by being cultural standards to which members of society feel obliged to adhere" (Thommesen, 2001, p. 2). However, people also draw on counter narratives which contest and challenge master narratives (Andrews, 2004; Squire et al., 2015), and provide alternative narratives which people use to make sense of the world.

We selected this analytical frame because during the process of coding we identified participant use of the dominant narrative of problem alcohol use, either resisting or supporting this narrative, while also drawing on Māori cultural narratives, which contextualised their own understandings of alcohol use. This approach therefore privileges participant voice and knowledge to provide culturally relevant understandings of Māori alcohol use.

Results

While kaupapa whānau acknowledged problematic alcohol use in society, *"There is always somebody that is going to miss out…because of the alcohol that people insist on drinking, and a lot of people get hurt over that"* (Whaea Mereana; Kauri), they actively resisted being positioned by this dominant narrative by drawing on alternative cultural narratives to contextualise Māori alcohol use. We identified three narratives that participants drew on: 'Not all Māori are problem drinkers','There is good Māori alcohol use', and 'Alcohol is not the problem'. Each narrative is outlined below, with exemplary excerpts from the data as illustrations.

Not all Māori are problem drinkers

In this narrative of Māori alcohol use, the dominant narrative of problem alcohol use was acknowledged among kaupapa whānau but they utilised three discursive strategies to distance

themselves from being identified as problem drinkers, thereby supporting the narrative that 'not all Māori are problem drinkers' and contesting the dominant narrative that 'Māori are problem drinkers'. The discursive strategies were: "Young children today"; which positioned younger people as the problem drinkers, "Drink was a real problem"; which located problem alcohol use in a past context, and, "A lot of marae have become alcohol-free"; which exemplifies an alcohol-free space within a Māori context. These are discussed in turn below.

i] "Young children of today"

Participants used the discursive strategy of positioning younger people as problem drinkers in order to mobilise their own age as a way of distancing themselves from the dominant narrative. By framing younger people's drinking as a problem, participants implied that, in comparison, their alcohol use was not a problem. For example, in Kahikatea, participants described older Māori concern about younger people's [problem] alcohol use to highlight their awareness of problematic alcohol use but as something which occurs among younger people rather than older Māori.

> Whaea Aroha: *Our kaumātua… his grandchildren; they like to have their little happy time… He tries to tell them it's wrong, but they got no ears…they still want to drink… One just … drove somebody's vehicle straight into the river and her poor grandfather, he was so worried about it and they just won't listen… but yes, young children of today; they think it's great to drink.*

Later in the discussion Matua Rangi shared his observations about young people and alcohol use which reinforced Whaea Aroha's idea that it is younger people who engaged in problematic alcohol use.

> Matua Rangi: *When I was a young person drinking, they* [Ready To Drink alcoholic beverages] *weren't around, 5% was like wow! You know, that's huge, but that's nothing. The kids today they avoid those, they say "oh that's not enough alcohol, it hasn't got the kick"*

Whaea Hine: *yea they go with the higher percentage*

Whaea Aroha: *they didn't used to drink... I never saw the young ones drinking, whereas now you see them drinking from a young age.*

In general, participants contrasted their own memories of alcohol use when they were younger with young people's alcohol use in today's society to position younger people as those who are drinking problematically.

More broadly, Matua Pip in Rimu highlighted a consensus held among participants about the issues associated with young people's alcohol use. He said *"I think older people these days are more conscious of the effect its* [alcohol] *having on our younger population as well".* Together, these excerpts highlight participants' awareness of problem alcohol use but as something which is attributed to younger people. In turn, they distanced themselves from such problem alcohol use by positioning themselves as concerned about, or indirectly affected by, problematic alcohol use.

ii] "Drink was a real problem"

The second distancing strategy participants utilised was describing problem alcohol use as something that occurred in the past, in their communities, on their marae, and, among older Māori people in particular. The following excerpt from Kauri illustrates this:

Matua Rawiri: *Drink was a real problem here. It was rife in this village… I observed kegs coming back on boats… kegs being picked up from the pub… You'd run out of kegs, you'd just … take the hat around again and get another collection of whatever you could afford…and there was some elders; there were specific families within the village who drunk a whole lot more or seemed like they were always drunk… It's had a marked effect on my life, on our lives, because that's what we thought life was about… going to get drunk, that was engrained, that was embedded in you…That way of life.*

As highlighted in this excerpt, some participants described heavy and frequent alcohol use in their communities and among their elders, when they were young. Some participants also described this type of alcohol use as part of the lifestyle among Māori at that time; thus locating problematic alcohol use as being embedded in Māori communities in the past.

Participants also drew on specific stories of past, problem alcohol use among older Māori to demonstrate their awareness of the impacts of problematic alcohol use among older Māori in their community. By describing it in a past context however, they distanced themselves from this kind of lifestyle. The following excerpt from Kahikatea highlights this:

> Whaea Aroha: *The only time the old people did drink then was when they went to town…*
>
> Whaea Awhina: *To collect their pensions*
>
> Whaea Aroha: *they all get on the bus, the women would go and do their shopping, the men would go straight to the hotel and they came home absolutely drunk…. Their wives had a rough time because they* *indicates punching with fists*, *I saw it. A lot of the old people used to beat their wives up through that alcohol…I saw it in…our community.*

Lastly, participants acknowledged past problematic alcohol use and the impacts of this use on their marae and among their elders. For example, Kauri described their observations of past alcohol use on their marae:

> Matua Rawiri: *In Māoridom they teach you of tikanga in the whare* (meeting house of a marae) *well they also taught us about drinking booze* [alcohol] *and this place was saturated in drink, totally saturated… the lifestyle was terrible….we used to have people drunk here on the marae. We'd have them coming in, the kaumātua, and some of them would be drunk, it's disgraceful. You don't see that today.*
>
> Whaea Mereana: *What they were doing, we thought that was a natural thing, now we've grown up and we've realised that wasn't natural at all… I can recall the*

elderly people that I grew up alongside of and they were rangatira and yet they couldn't talk in the marae unless they went out for five minutes to kill their ego. You know, with a little bottle they used to have in their pockets… and we thought that was the natural thing to do, but we also witnessed a lot of ugly things and we were also victims of a lot of ugly things that happened then'.

Participants sought to distance themselves from being aligned to such problematic alcohol use by explaining that 'times have changed', indicating that kind of problematic alcohol use doesn't occur anymore, especially on their marae. In doing so, they position themselves in contrast to those elders who drank problematically in the past.

iii] "A lot of marae have become alcohol-free"

Many participants also described marae as being alcohol-free in the present. For example, Whaea Aroha in Kahikatea said: *"It* [drinking] *used to happen a lot at my marae, but I don't see that anymore….there's none of that..."* Additionally, there was consensus among kaupapa whānau that older Māori are in part responsible for transitioning marae to alcohol-free environments. The following excerpt from members of Totara illustrate this.

Whaea Dustbin: *Even on the maraes you don't see it* [alcohol] *anymore*

Interviewer: why don't you see it on the marae anymore?

Whaea Dustbin: *because they* [Māori] *don't want it on the marae*

Matua Mince: *no*

Matua John: *no, a lot of marae have become alcohol-free, *** is the only one around here aye which you can have…But at home, just about all the maraes I know, you have to get a permit to have alcohol on the marae*

Interviewer: *hmm, it also sounds like there's been a change in perception as well...*

Matua John: *well a change within the elders*

Interviewer: *ok so is it the elders that drive the alcohol-free marae?*

Matua John: *yep, yea because most of them are the trustees for the marae and ours has only become alcohol-free last year…as a result of a funeral there the elders said 'that's enough; this is what we're going to do'.*

As exemplified in this quote, participants described generally alcohol-free marae, as the norm in today's society. Further, elders were described as active agents in the transition of marae to alcohol-free status. This discursive strategy supports the narrative that 'not all Māori are problem drinkers', and challenges the dominant narrative of problem alcohol use, by providing marae as an example of a Māori governed space that is predominantly alcohol-free and the result of older Māori initiatives.

iv] Summary

While participants acknowledged problematic alcohol use, they distanced themselves from the issue by framing problematic alcohol use as occurring among younger people, and in the past. They also described alcohol-free marae to highlight a Māori specific context where problematic alcohol use, no longer occurs. These distancing strategies relied on a generational discourse which mobilised age to distinguish who is and who is not a 'problem drinker'. By drawing on each of these discursive strategies, participants acknowledged the dominant narrative of problematic alcohol use while resisting being personally positioned within this narrative to show that not all Māori are problem drinkers.

There is 'good' Māori alcohol use

The second narrative used by participants, draws attention to understandings of socially acceptable Māori alcohol use. In this narrative, participants utilised two discursive strategies to align themselves with acceptable alcohol use within specific social contexts. These were: 'Older Māori alcohol use is not a problem' and, 'Alcohol use is good when it's with whānau'. We discuss each strategy in turn.

i] Older Māori alcohol use is not a problem

Participants mobilised their own age and identity as 'older Māori' to simultaneously distance themselves from the dominant narrative of problematic alcohol use and align themselves to an alternative narrative of acceptable alcohol use. Participants did this by describing older Māori alcohol use as minimal and not visible in public spaces. For example, Matua Roger in Kauri said: *"It's* [alcohol use] *not done anymore, if they* [older people] *do consume alcohol, it's only one or two bottles at say…a wider whānau meal, and that's it… They wouldn't go and party on all night".* Matua Roger is constructing older Māori alcohol use as moderate and reasonable by contrasting older Māori who drink 'one or two bottles of beer' within a family group to 'going and partying all night' implying problematic alcohol use.

Members in these kaupapa whānau also described older Māori alcohol use as not being visible in public spaces. This constructs alcohol use as private and respectable, as opposed to problematic. For example Whaea May in Miro said: *"I don't see the older Māori people in our society in the pubs…or involved in the consumption of alcohol…If there's any socialisation* [with alcohol] *going to happen with older Māori…It's not going to be out in the public forum".* Participants in Rimu also described the decline in public visibility of older Māori alcohol use. Matua Pip said: *"A lot of the* [older] *people that I knew that would drink regularly have disappeared and I say 'where the hell have they gone to?"* to which Whaea Noti replied: "*yea, they're gone".* Together, these excerpts illustrate how participants in this study constructed older Māori alcohol use as minimal and not public, to support the narrative of 'good' Māori alcohol use.

ii] Alcohol use can be good when it's with whānau

In general, members of these kaupapa whānau described good alcohol use in the context of whānau. In doing so, they provided examples of appropriate socialising with alcohol. For example in Kahikatea, Whaea Aroha described a non-problematic and enjoyable experience of

alcohol use in the context of her whānau. She said: *"I enjoy a wine… my family come up, it's not a problem, we always have a wine and things like that".*

Similarly, participants in Totara highlighted enjoyable alcohol occasions among whānau:

Matua Mince: *There are occasions when you do enjoy having alcohol and it's usually at birthdays and sixtieth's, and you let your hair down every now and again.*

Whaea Dustbin: *I did Friday night, the kids all graduated on Thursday down at… and because I knew a lot of the young ones … oh we had a ball.'*

These excerpts illustrate how participants emphasised the enjoyable and acceptable aspects of alcohol use.

iii] Summary

Participants described older Māori alcohol use as minimal and not publicly visible, and, whānau alcohol use as 'not a problem' and 'enjoyable'. By constructing alcohol use in these ways, participants provided a narrative of alcohol use that is not problematic. However, they supported the dominant narrative because these constructions of alcohol use were framed within narratives about what constitutes, and does not constitute, problem alcohol use.

"Alcohol is not the problem"

In the third narrative, some participants re-framed 'problem alcohol use' among Māori by locating it in the broader social context. In doing so, participants shifted the focus away from individual problem drinkers to highlight broader, social issues. That is, they created a Māori narrative of problem alcohol use which frames the 'problem' as being a manifestation of broader social issues which impact on Māori. For example, three kaupapa whānau discussed the loss of intergenerational knowledge in their Māori communities, as well as the lack of kaumātua leadership. For instance, Matua John in Totara said:

> *We haven't got any kaumātua at* [home location]… *And I think there are other things too, that disempowered our people; like the Tohunga Suppression Act… To me, that's also disempowering because we lost another leadership concept… You know people can drink alcohol but if someone* [i.e. Tohunga] *came along and said 'no we are not going to have alcohol' and everyone says 'yea, we're not having alcohol there because he's the boss'.*

In a similar vein, Matua Rawiri (Kauri) describes the impact of broader social issues, which affect Māori alcohol use. He said:

> *Alcohol wasn't the problem; alcohol was the outcome of the problem that existed within the community and within oneself... A lot of the problems* [with alcohol] *as I understood… is not the problem. It's a related problem, what we're looking at is the manifestation of a problem, now we need to get to the root of the problem….We need to look deeper… why did our people indulge themselves?… I think there's a deeper social problem involved.*

Together, these excerpts illustrate how kaupapa whānau resisted the dominant narrative, which constructs alcohol use as a problem of individual behaviour. Instead, they described the problems associated with alcohol use as being located within broader issues which negatively impact on Māori.

Discussion

This study aimed to explore the broader and socially shared meanings of alcohol use among older Māori to broaden current understandings of Māori alcohol use. The findings highlight three cultural narratives which contextualise Māori alcohol use. These were: "Not all Māori are problem drinkers', 'There is good Māori alcohol use' and 'Alcohol is not the problem'. These narratives both challenged and aligned with the dominant narrative of problem alcohol use. They challenge the dominant narrative that positions Māori alcohol use as uniformly problematic by suggesting that not all Māori drink problematically, that not all alcohol use

among Māori is a problem, and that alcohol use is not the problem per se but rather, related to broader social issues experienced among Māori. However, participants also drew on the dominant narrative by constructing Māori alcohol use as problematic and unproblematic, thus speaking to the dominant narrative. This suggests that problem alcohol use is acknowledged as a relevant and contextual issue among Māori in contemporary Aotearoa society, although older Māori want to resist being positioned as problematic members of society.

Consistent with past research on indigenous alcohol use, these findings acknowledge the diversity of alcohol use among Māori (Herbert et al., 2017) and other indigenous populations (Byron, 1996; Hanson, 1995; Hunter, 1993; Seale et al., 2002; Spicer et al., 2003; Westermeyer, 1979). These findings build on past research in Aotearoa (e.g. Aitken, 2005; Banwell, 1991b) and internationally (e.g. Tolvanen, 1998; Tolvanen & Jylha, 2005; Wilson et al., 2013), which suggests that older people position themselves in specific and moralistic ways when talking about their alcohol use, to resist being identified as problem drinkers, as well as framing problematic alcohol use among younger people as a concern.

This study also supports the minimal alcohol use that has been observed among older Māori in previous research (Herbert et al., 2017; Kerse, 2014, Khan, Wilkinson & Keeling, 2006; MOH, 2016), and, the finding that older Māori alcohol use is generally not publicly visible (Hodges & Maskill, 2014a). Consistent with previous research, these findings also support recognition of positive experiences of alcohol use in the context of whānau (Herbert, Forster, et al., 2017; Herbert et al., 2017). Such findings support awareness of the role of whānau and its impact on health and wellbeing among Māori (Durie, 1998; Ratima, 2010) in the context of alcohol use.

Of importance, was the suggestion that alcohol use on the marae has changed significantly over time. Edwards (2009) describes the key functions of marae as “a vehicle for the embodiment of whakapapa, supporting identity, knowledge development and transmission” (Edwards, 2009, p. 175). It is understood that marae are central to the development and

maintenance of a secure Māori identity (Durie, 1998; Edwards, 2009), and participation on marae supports wellbeing among older Māori in particular (Durie et al., 1996). In this study, participants understood the marae as having been a location of much problematic Māori alcohol use in the past. However, they described many marae as being alcohol-free in contemporary Aotearoa society. Participants also described the important role that Māori elders had in determining this change. Indeed, older Māori are acknowledged to occupy important leadership roles within their whānau and Māori communities (Durie, 1999b; Dyall et al., 2014; Kukutai, 2006; Maaka, 1993). If Māori elders have agency in changing alcohol use among Māori, as suggested in these findings, then health promotion initiatives should look to draw on Māori elders as key contributors to developing culturally responsive and safe alcohol use guidelines for Māori.

The finding that older Māori understand alcohol use as a manifestation of broader social problems is important and worthy of further investigation. If problem alcohol use is one outcome of broader social problems, then consideration of such problems is necessary to affect positive change among Māori in the context of alcohol use and future research should explore this in more detail.

Despite the understandings of Māori alcohol use which were supported by this study, there are some limitations to note. First, these results cannot be generalised to all Māori alcohol use in Aotearoa. Instead they provide a starting point for understanding how older Māori understand alcohol use. Further research among Māori, with a larger number of participants and across a diverse range of ages may provide more in depth understanding of how Māori understand and frame their alcohol use. The focus on the narrative of problematic alcohol use by Māori among our participants may have been influenced by the research context. Although the hui facilitator took pains to elicit participant views, she came from a university setting overtly conducting research from a health perspective, which may have oriented participants to public health concerns about alcohol use. Further research from different perspectives could enquire

into broader socially and culturally located understandings of alcohol use. In the light of current findings, future research could usefully consider the changing nature of Māori alcohol use over time, particularly in a marae context, factors influencing this change, and the role of Māori elders in promoting culturally relevant, meaningful and safe alcohol use among Māori.

Conclusion

Older Māori understandings of alcohol use highlight both an awareness of problem alcohol use among Māori as well as alternative ways of understanding Māori alcohol use. Such findings suggest that the dominant narrative of problem alcohol use does not meaningfully capture all Māori understandings of alcohol use.

These findings have important implications for future research to support the development of a more nuanced understanding of Māori people's alcohol use, from the perspectives of Māori themselves. Such research will contribute to the development of culturally responsive alcohol policy and health promotion initiatives aimed at addressing the issues associated with harmful alcohol use among Māori, and thereby improving Māori health and wellbeing.

Chapter thirteen

Conclusions

The aim of this thesis was to explore the social context of older Māori alcohol use to provide a nuanced understanding of the everyday and social components of older Māori alcohol use in Aotearoa. Three studies investigated aspects of older Māori alcohol use. Findings, contributions to current understandings of older Māori alcohol use and limitations have been discussed within individual papers (Chapters 3, 8, 9, 11, 12). This conclusion provides a recapitulation of the three studies and their key findings. I then draw together the key findings to illustrate three central features of Māori alcohol use which contribute to current understandings. These are: whānau; whanaungatanga; and diversity. Each of these features is discussed in turn. I then outline the research implications for alcohol policy and health promotion practice before sharing my final reflections on the research process. Limitations and recommendations for future research are made throughout this chapter.

Overview of the three studies

The first study

Study one utilised survey data from the HWR study to investigate alcohol use, hazardous and binge drinking prevalence, and, their relationships to various socio-demographic variables thought to influence alcohol use among a sample of community dwelling older Māori. The key findings showed a high prevalence of alcohol use and hazardous alcohol use among older Māori. Further, hazardous alcohol use was influenced by being male, a current smoker, and being part of a constricted social network, while the likelihood of hazardous drinking significantly decreased with age. Binge drinking was influenced by being male, a current smoker, and those reporting a stronger Māori cultural identity. In particular, the findings that hazardous alcohol use was related to social network membership, and binge drinking to Māori cultural identity, were

relatively novel in this area. However there were a number of study limitations to consider including the reliance on cross sectional data and the weak relationships observed between socio-demographic variables and alcohol use. It was also unknown whether the Māori cultural identity measure may have identified other phenomena that influence Māori alcohol use, and whether the PANT measure of social networks provided an accurate and appropriate measure of Māori social networks. These limitations restricted understandings of the nature of those significant relationships observed as well as how these relationships may be understood from a Māori cultural perspective and within the broader social context of Māori alcohol use. They also highlighted the need for more focused and detailed exploration of the social context of older Māori alcohol use. This led to the development of the second and third qualitative studies.

The second study

Study two explored the personal experiences of alcohol use among thirteen older Māori to understand the broader social location of Māori alcohol use. The findings suggest that the social norms of Māori alcohol use are embedded in four key social contexts: a sporting culture; a working culture; the context of family; and Māori culture. Further, important social factors and key life events were found to influence Māori alcohol use across the lifetime. These included: the desire to socialise and seek companionship, locations of alcohol use, social networks; particularly whānau, cultural identity; including kaumātua status, tikanga, religion, finances, special occasions, a change in social milieu, parental roles and responsibilities, and, changing social roles and responsibilities. These findings also highlight the changing nature of Māori alcohol use across the lifetime, with stories of alcohol use generally being told within the context of childhood, adulthood and older age. In particular, participants' perceptions of alcohol use by others during childhood, their first alcohol use experience, meeting their partner, and having children, and the impact of ageing including health related factors, were all related to changes in alcohol use across the lifetime.

However, while these findings contribute to broader understandings of the social location of Māori alcohol use, there were several limitations to consider. For example, alcohol experiences were obtained from a small sample of older Māori, which may not represent all Māori alcohol experiences, and experiences were shared in a single interview which may have limited the depth of information shared. Further, this study relied on participant recall of past alcohol experiences and these experiences may be interpreted differently in older age. Such limitations prompt the need for further research to utilise larger samples of Māori at varying ages, to explore changing norms and social contexts of alcohol use. Future research could also employ several interviews with each participant to enable more in depth exploration of individual experiences of alcohol use. Additionally, future research could usefully consider how the social locations of everyday alcohol use contribute to, or detract from, wellbeing and how the work environment may contribute to the uptake and use of alcohol. Also, how socialising practices that involve alcohol use may change as people age, and within different social contexts, to provide more comprehensive accounts of the social location of Māori alcohol use.

The third study

The third study drew on the shared perspectives of alcohol use among five kaupapa whānau comprising older Māori members, to understand the socially shared meanings of Māori alcohol use. The findings highlighted the importance of whanaungatanga, described by participants as socialising, connectedness, and communicating, in determining older Māori alcohol use and their engagement in social environments where alcohol is present. Further, physical locations of alcohol use, such as the home and the RSA, were identified as locations which support whanaungatanga. However, these findings suggest that the occurrence of whanaungatanga is most important to older Māori when engaging in social environments where alcohol is present. Moreover, alcohol was not considered to be necessary if whanaungatanga occurs, suggesting the need for alternative socialising options that support whanaungatanga but not alcohol use among older Māori.

Additionally, this study highlighted Māori cultural understandings of alcohol use. While kaupapa whānau acknowledged dominant perspectives of problematic alcohol use in society, and among Māori, they utilised a number of discursive strategies to distance themselves, and Māori people in general, from being positioned in relation to problem alcohol use. In doing so, they constructed three, Māori cultural narratives that contextualise Māori alcohol use. These were: 'Not all Māori are problem drinkers'; 'There is good Māori alcohol use'; and 'Alcohol is not the problem'. These Māori cultural narratives both challenged, and aligned with, the dominant narrative of problem alcohol use. Importantly however, they provide insight into Māori understandings of alcohol use.

Again however, while these findings provide important insights into the broader and socially shared meanings of older Māori alcohol use there are limitations to consider. The small sample size means that these findings are not representative of all Māori. Moreover, the focus on the narrative of problematic alcohol use by Māori among these participants may have been influenced by the research context because I came from a university setting overtly conducting research from a health perspective, which may have oriented participants to public health concerns about alcohol use. Further research from different perspectives could enquire into broader socially and culturally located understandings of alcohol use. Also, larger samples, with diverse groups of Māori could be utilised to provide a more detailed understanding of the broader social location of Māori alcohol use and how Māori understand their alcohol use.

Contributions to current understandings of Māori alcohol use

The findings from the three studies contribute to current understandings of the social context of Māori alcohol use. While the first study provides specific insight into older Māori alcohol use, the second and third studies generated knowledge about Māori alcohol use in general, as well as among older Māori. Drawn together, these findings highlight three central features that contextualise Māori alcohol use. These are: whānau, whanaungatanga; particularly in relation to older Māori alcohol use, and, diversity; namely in relation to understandings of

older Māori alcohol use, Māori experiences of alcohol use, and social influences of Māori alcohol use. These central features are understood to underpin Māori alcohol use and are discussed in turn below.

Whānau

This research highlights the importance of whānau within the social context of Māori alcohol use and specifically among older Māori. The influence of social networks on hazardous alcohol use was highlighted in the first study. In the second study kaupapa whānau such as sports whānau and work whānau, as well as whakapapa whānau, were central to Māori alcohol use experiences across the lifetime. In the third study, whānau alcohol use was constructed as 'good' or socially acceptable, among kaupapa whānau. Viewed together, these findings support the notion that whānau; a key social structure within Māori society (Cunningham et al., 2005; Durie, 1997c; 2004), underpins Māori alcohol use. More broadly, whānau are acknowledged to be an important component of holistic Māori understandings of health (Durie, 1997c; 1998; Ratima, 2010). These findings support awareness of the role of whānau and its impact on health and wellbeing among Māori in the context of alcohol use.

Given whānau is central to understandings of Māori alcohol use, further research could usefully explore the nature of this relationship in more detail. For example, by considering the ways in which whānau may facilitate different types of alcohol use including binge drinking, hazardous drinking, and attitudes towards alcohol use in general. In particular, exploring the influence of whānau on hazardous alcohol use would build on the findings of the first study. Also, research could explore the relationship between whānau and alcohol use at different life stages, in relation to important social events, and by utilising longitudinal research methods to explore the role of whānau on alcohol use across the lifetime. Finally, research could explore whether alcohol use facilitates particular whānau relationships among Māori, the influence of kaupapa whānau on Māori alcohol use in a working context and, how a work environment may

promote or restrict Māori alcohol use. Such research would provide a deeper understanding of the role of whānau in Māori alcohol use.

Whanaungatanga

Just as Māori alcohol use is underpinned by whānau, the concept of whanaungatanga is equally important in understanding Māori alcohol use, especially among older Māori. Whanaungatanga is understood to enhance whānau cohesion (Durie, 1997c; Kumar & Oakley Browne, 2008) and is an important component of Māori health and wellbeing (Cunningham et al., 2005; Durie, 1997c). Moreover, whanaungatanga is considered to be central to both individual and collective identities, community unity and social organisation (Gillies et al., 2007; Nikora, 2007; O'Carroll, 2013). In this research older Māori people's desire for whanaungatanga was central to their alcohol use and their engagement in social environments where alcohol is present. Importantly however, members of these kaupapa whānau emphasised that it was whanaungatanga, rather than alcohol use, that prompted their engagement in social environments where alcohol was present. These findings build on previous research recognising the socialising or whanaungatanga related functions of alcohol use among Māori (Awatere et al., 1984; Clarke & Ebbett, 2010; TPK & KWWA, 1995), the general older population in Aotearoa (Aitken, 2015; Khan et al., 2006), and older people internationally (Dare et al., 2014; Emslie et al., 2012; Tolvanen & Jylhä, 2005; Ward et al., 2011).

While this research highlights the positive component of whanaungatanga within the context of older Māori alcohol use, further research is needed to gain a clearer understanding of both the theoretical and practical implications of this relationship in order to effect positive change to Māori health and wellbeing in the context of alcohol use. For example, research could explore the extent to which whanaungatanga promotes Māori engagement in environments where alcohol is present. Also, how whanaungatanga practices that involve alcohol use may change across the lifetime and the ways in which whanaungatanga may moderate different types of alcohol use such as promoting or inhibiting binge drinking, hazardous drinking and alcohol

use in general. Future research could also explore the types of relationships that are maintained via whanaungatanga and within alcohol related contexts among Māori and within social contexts where other health impacting behaviours are located. Investigation into how whanaungatanga is achieved in social contexts of alcohol use among Māori youth and other groups of Māori at different stages in the lifetime is also necessary to develop clearer understandings of the role of whanaungatanga in Māori alcohol use.

Diversity

This research emphasises the diversity of Māori alcohol use with findings illustrating the diversity of: older Māori alcohol use; Māori alcohol use experiences; and social influences of Māori alcohol use. These are detailed below.

i] Diversity of older Māori alcohol use

Different types of information about older Māori alcohol use was gleaned from the first study, in comparison to the second and third. For example, the first study found a high prevalence of hazardous drinking among older Māori (41.2%). However, this was not consistent with how older Māori participants described their current alcohol use in the second and third studies. For example, participants in the second study generally described current alcohol use as minimal and often limited to special occasions, which is in line with other literature outlining older Māori alcohol use (e.g. Durie, 2004; Kerse, 2014; Ministry of Health, 2016). Members of kaupapa whānau in the third study also described older Māori alcohol use as minimal and not publicly visible, suggesting that alcohol use is not a concern for these older Māori. However, the emergence of different ideas about older Māori alcohol use may be reflective of the different methods used to collect and analyse data. Requiring older Māori to complete a survey containing several questions about the frequency and quantity of their alcohol use will elicit different types of information to that which may be gained during individual interviews or kaupapa whānau hui, as in the second and third studies.

Nonetheless, these findings suggest that older Māori alcohol use may be diverse and future research should explore older Māori alcohol use in further detail to gain a clearer understanding of how Māori are using alcohol in their older age. For example, research utilising interviews or other qualitative research methods could be employed, with questions tailored to elicit stories about specific types of alcohol use, including problematic alcohol use, to build on epidemiological research reporting frequencies and quantities of alcohol consumed by older Māori.

ii] Diversity of Māori alcohol use experiences

The diversity of Māori alcohol use is also emphasised by findings from the second and third studies in particular. Participants in the second study shared diverse stories of their alcohol experiences describing minimal, occasional, or regular alcohol use in their family environments and across their lifetime. They described alcohol use during particular events such as tangi, and to celebrate certain occasions such as weddings and birthdays. Some participants highlighted the problematic aspects and social hazards of alcohol use, while others drew on positive stories of alcohol use describing fun, music, sociability, and laughter during occasions in which alcohol was present.

Similarly, in the third study participants described alcohol as serving a number of positive functions such as supporting whanaungatanga, combatting loneliness, and they describe alcohol use at various locations including the home and the RSA. These older Māori also emphasised diverse understandings of alcohol use including among younger people, whānau, among Māori in a past context, and in the context of marae. Together, these descriptions highlight the diverse nature of Māori alcohol use experiences.

iii] Diversity of social influences of Māori alcohol use

The diversity of Māori alcohol use is also illustrated by findings which highlight particular social influences of alcohol use, some of which are specific to Māori. These social

influences of alcohol use provide insight into why and how older Māori people are using alcohol. For example, a number of general social factors were found to influence older Māori alcohol use in the first study. These included gender, smoking status, social networks and age. The culturally specific social factor, Māori cultural identity, was also found to influence older Māori alcohol use. These findings are supported by existing research highlighting these social factors as influencing alcohol use among older people in general populations (Breslow et al., 2003; Jonas et al., 2000; Khan et al., 2002; Merrick et al., 2008; Towers et al., 2011; Valente et al., 2004). In the second study a broad range of social factors influenced Māori experiences of alcohol use including: religion; finances; physical location; meeting partners and having children; changes in social milieu; roles and responsibilities as parents; and the experience of ageing. Future research is necessary to build on these findings to develop more detailed insight into how these social factors influence Māori alcohol use. For example, future research could explore how these social factors influence particular types of alcohol use, including hazardous alcohol use and binge drinking, as well as among various groups of Māori at different ages and stages in life.

The physical location of Māori alcohol use is also important to consider. In this research, the RSA, pub, home and marae were identified as important, yet distinct, physical locations of older Māori alcohol use. These findings build on previous research identifying the pub and marae as common locations of Māori alcohol use (Awatere et al., 1984; Mataira, 1987; TPK & KWWA, 1995). However, caution is necessary when considering alcohol use in the context of marae. In the second study the marae was identified as an important social location where older Māori consumed alcohol mainly during special events or occasions (Awatere et al., 1984; Mataira, 1987; TPK & KWWA, 1995). Conversely, in the third study participants described alcohol use on the marae as something which occurred in the past and emphasised that many marae in contemporary society are now alcohol-free. It is important to note however, that the differences in findings could be the result of the different types of information that was sought in each study. For example, participants in the second study spoke specifically about the alcohol

use practices and their related experiences within their relative marae; all of which were either alcohol free, or had alcohol restrictions in place but which allowed for alcohol use during special occasions. In contrast, kōrerorero among kaupapa whānau was generalised and when discussing alcohol use on the marae, members of kaupapa whānau emphasised that, in general, many marae were alcohol-free without necessarily detailing the alcohol use practices of any particular marae. In light of these findings however, it appears that the marae is an important location to consider in the context of older Māori alcohol use, although it would be useful to explore Māori alcohol use on marae in further detail to gain a clearer understanding of how and why alcohol is used, understood and managed in marae contexts.

Additionally, within the marae context, tikanga was identified as managing alcohol use among Māori. Indeed, tikanga provides guidelines for behaviour, conduct and expectations (Mead, 2003). In this research, tikanga may be understood as promoting health and safety in the context of alcohol use by ensuring the safe use of alcohol. Future research should look to explore how tikanga may promote safe alcohol use in other social contexts of Māori alcohol use. More specifically, participants often described their role as kaumātua in enforcing this tikanga, thus emphasising the importance of Māori cultural roles, such as kaumātua, in relation to alcohol use. Further, participants indicated wanting to be good role models for younger generations and this was connected with the idea of reducing their alcohol consumption. These findings suggest that being abstemious or engaging in minimal alcohol use is synonymous with being seen as a good role model. The importance of kaumātua roles and tikanga in the context of alcohol use is useful to consider because there may be potential for kaumātua to assist in reinforcing tikanga which supports safe alcohol use as well as providing important role modelling for younger generations. However, future research is needed to more clearly understand these relationships. For example, future research could explore whether the connection between reduced alcohol use and identifying, or being identified by others, as kaumātua is reflective of broader ideas about the

meaning of alcohol use in Māori culture, as well as the potential that kaumātua may have in effecting positive changes to Māori alcohol use.

Māori cultural identity also appears to influence Māori alcohol use. In the first study Māori cultural identity predicted binge drinking among older Māori and findings from the second and third studies support the notion that Māori cultural identity influences alcohol use because they provide insight into Māori engagement at the marae, and Māori socialising experiences, in the context of alcohol use. These findings reflect components of what was measured by the Māori cultural identity measure used in the first study, including participation in Māori culture and level of engagement at the marae (Stevenson, 2004). Additionally, Durie (1997b) highlights that a secure Māori cultural identity requires connecting with and having access to whānau. Therefore, those who have a secure identity may also have a stronger sense of connectedness and access to whānau (Kumar & Oakley Browne, 2008). As has been established in this research, whānau is central to understanding Māori alcohol use. Therefore, the socialising experiences described by Māori in the second and third studies may be indicative of their level of Māori cultural identity. Although the exact nature of the relationship between whānau, Māori cultural identity and alcohol use is unknown and further research is needed to explore this relationship more definitively. Moreover, it is not clear whether the Māori cultural identity measure used in the first study may identify phenomena other than the notion of a secure identity that may influence alcohol use.

In summary, Māori alcohol use is understood to be diverse. This research highlights the diversity of older Māori alcohol use, of Māori alcohol use experiences, and of the social influences of Māori alcohol use. However, further research is needed to more clearly understand the relationships between alcohol use and social factors including the physical location, Māori cultural identity, tikanga, and kaumātua status in particular. For example, future research could explore the ways in which the physical location, Māori cultural identity, tikanga and presence of kaumātua, may influence different types of alcohol use among Māori at various ages and stages

across the lifetime and across varying social contexts. More broadly, future research could explore the social influences of alcohol use across the lifetimes of Māori in further detail. In particular, how observations of alcohol use during childhood may influence particular attitudes towards alcohol; how socialising practices that involve alcohol use may change as people age; and the role of kaumātua status in influencing frequency of alcohol use in older age. It would also be useful to explore the social context of Māori alcohol use from the perspectives of younger people and other age groups, as there may be distinct features of Māori alcohol use at different ages and stages in life.

Implications for policy and health promotion practice

As has been argued throughout this thesis, current alcohol policy in Aotearoa is predominantly framed in relation to problematic alcohol use and associated harm (Inter-Agency Committee on Drugs, 2015; Jayne et al., 2010; Keane, 2009; Rehm et al., 1996; SIRC, 1998). Central to such policy is a focus on individual and problematic alcohol use. In turn, policy and health promotion initiatives often focus on prevention or harm minimisation strategies (ALAC & Ministry of Health, 2001; Inter-Agency Committee on Drugs, 2015; Keane, 2009; Stockwell et al., 2005; Wood et al., 2008). While such approaches may elicit some success in reducing problematic alcohol use and associated harm, they ignore the diversity of Māori alcohol use and statistics show minimal change in alcohol related harm among Māori over the last two decades (ALAC & Ministry of Health, 2001; Ministry of Health, 2009, 2016), suggesting the need for more to be done.

Alcohol policy

The findings from this research highlight the social and cultural realities of Māori alcohol use, which is not necessarily reflected in current alcohol policy. As highlighted, central to understandings of Māori alcohol use are the influencing roles of whānau and whanaungatanga. Attending to these cultural components of Māori alcohol use at the policy level may lead to the

development of more comprehensive, culturally effective and appropriate alcohol policy that aligns to Māori social and cultural realities of alcohol use. For example, policy should be cognisant of the central role of whānau in determining Māori alcohol use and tailor an approach that targets whānau-based alcohol use strategies, rather than individual-based strategies. Further, policy which supports the establishment of ongoing opportunities for whanaungatanga to occur among Māori, particularly older Māori, but does not support alcohol use, may provide one avenue for more effectively addressing Māori health and wellbeing needs whilst at the same time addressing issues associated with Māori alcohol use.

More specifically, current alcohol policy may not be relevant to older Māori and their alcohol use because it fails to acknowledge the diversity of Māori alcohol use. The findings from this research suggest alcohol use decreases with age, that older Māori alcohol use is minimal, occasional and not necessarily viewed as a problem among older Māori. Therefore, policy that addresses problematic alcohol use and related harms is not necessarily meaningful to older Māori. However, further research would need to explore problematic alcohol use among older Māori to gain a better understanding of the potential alcohol related issues within this group.

Finally, current alcohol policy is not necessarily reflective of tikanga; which, as supported by the findings in this research, provides a culturally appropriate and relevant mechanism for ensuring the safe use of alcohol among Māori. Policy should therefore, incorporate tikanga-based guidelines to support safe alcohol use among Māori. This would require Māori involvement at all stages of the policy making process to ensure Māori cultural perspectives and relevant tikanga are incorporated appropriately.

In summary, it is argued that alcohol policy must be more cognisant of the social realities of Māori alcohol use, including the roles of whānau and whanaungatanga as well as the diversity of Māori alcohol use. Further, alcohol policy should clearly incorporate tikanga to ensure the safe use of alcohol among Māori as this provides one avenue for the development of culturally

appropriate and meaningful alcohol policy for Māori. In doing so, alcohol policy may better meet the health and wellbeing needs of Māori in Aotearoa.

Health promotion

Findings from this research provide new insights into Māori alcohol use and may support the development of culturally responsive and effective health promotion strategies targeted at Māori alcohol use. In particular, Walton et al. (2015) outline 'settings-based health promotion' which posits that peoples 'lifestyle' choices; that impact on health and wellbeing, are influenced by the social and cultural contexts in which they live (Walton et al., 2015). Further, Ratima (2010) argues the need for health promotion to be founded upon Māori world views in order to affect Māori health in positive ways. Previous evaluations of successful health promotion initiatives targeted at Māori, suggest that their success lay in the incorporation of Māori cultural values and activities that were specifically Māori in their focus (Durie, 2011; Hammerton, Mercer, Riini, McPherson & Morrison, 2012; Ratima, 2001). In relation to alcohol use, health promotion initiatives which seek to promote the safe use of alcohol among Māori should align with the social and cultural contexts of Māori alcohol use in order to effect positive change to Māori health and wellbeing. Based on the findings from this research, health promotion initiatives should be grounded in the context of whānau. That is, where whānau are empowered to determine safe alcohol use practices and supported to ensure these practices are effected within whānau and Māori communities.

What is more, whanaungatanga must be acknowledged within health promotion initiatives given its importance among Māori and particularly older Māori, in the context of alcohol use. In this research, older Māori described having to engage in social environments where alcohol was often present in order to experience whanaungatanga. Further, participants suggested the need to promote older Māori engagement in their communities through alcohol free initiatives such as Iron Māori and card evenings that would provide them with the opportunity to experience whanaungatanga but not alcohol use. Future health promotion

initiatives should therefore consider ways of strengthening opportunities for whanaungatanga to occur in environments that do not involve alcohol. The effect would be two fold, first; opportunities for whanaungatanga among Māori would be strengthened, without supporting alcohol use. Second; by strengthening opportunities for whanaungatanga but not alcohol use, existing socialising norms involving alcohol use may be challenged which may allow for the emergence of socialising norms based on whanaungatanga, but not alcohol use, to evolve.

Health promotion initiatives should also look to harness the potential of kaumātua capability. That is, health promotions initiatives should look to nurture and empower kaumātua to fulfil leadership roles within Māori communities. In the context of alcohol use, this may mean utilising kaumātua potential to establish clear tikanga around the safe use of alcohol in all social contexts of Māori alcohol use as well as supporting kaumātua and whānau to ensure that such tikanga is upheld.

Health promotion initiatives should also build upon previous successful Māori led community initiatives, such as alcohol-free marae, that have effected positive change among Māori in relation to their alcohol use. To date many Māori communities have privileged banning alcohol on marae and applied tikanga to enforce this. Indeed, based on the findings from this research, it appears there has been some success in these initiatives as marae were described as being an important location of past Māori alcohol use. In contrast, participants described generally alcohol-free marae, as the norm in today's society. This is not to say that Māori are no longer closely engaged with their marae, just that the marae setting is no longer viewed as an acceptable location for alcohol use. Based on these successes, health promotion initiatives should emulate similar strategies in other social contexts of Māori alcohol use. Moreover, such strategies should allow for autonomous Māori control in determining tikanga-based practices of safe alcohol use in other social environments where Māori alcohol use occurs.

Final reflections on the research process

Broader research limitations and recommendations for future research

For each of the three studies I have identified specific limitations and made recommendations for further research. In addition, there are a number of broader research limitations to consider. For example, while I set out to explore the social context of older Māori alcohol use, my thinking around this topic and subsequent exploration of Māori alcohol use developed and changed over the course of the PhD. I initially thought that investigating Māori alcohol use from a public health perspective (study 1) would provide clear insight into the ways in which social factors influenced older Māori alcohol use. However, while the results certainly provided highlighted relationships between alcohol use and socio-demographic variables, there was minimal depth of understanding gained about the nature of these relationships. I was also aware that such findings did not necessarily represent the ideas and understandings of older Māori and nor were these results necessarily meaningful to Māori. This led to my incorporation of a social perspective of alcohol use and the subsequent second and third studies. However, this shift in focus also changed the type of knowledge I was interested in exploring to develop understandings of Māori alcohol use. This makes it difficult to relate the findings across the three studies and is a broader limitation of this research. Future research should consistently draw on one perspective of alcohol use, such as a social perspective, to produce consistent and comparable findings of Māori alcohol use.

Further, having reflected on my approaches to data collection and data analysis, I have since wondered whether exploring pūrākau related to alcohol use may provide another layer of understanding about Māori alcohol use. As outlined in the methodology chapter, pūrākau is a Māori narrative, or more specific form of storytelling, that is handed down through generations and aims to provide advice and insight into the thoughts, feelings and actions of tīpuna (Cherrington, 2002; Lee, 2009). By drawing on pūrākau about alcohol, findings may represent a more culturally meaningful way for understanding Māori alcohol use. Moreover, I have

considered whether the current research should have adopted a kaupapa Māori research approach. I drew on a Māori centred research approach because it allowed me to utilise both Māori and Western approaches to representing and analysing data. Further, I was aware of my own limitations including my limited understandings of mātauranga Māori as well as Te Reo Māori, which are arguably central components of kaupapa Māori research and requirements for conducting kaupapa Māori research (Smith, 2012). Future research could adopt a kaupapa Māori approach research approach, and/or explore pūrākau in order to gain a deeper understanding of Māori alcohol use from the perspectives of Māori.

My personal development

Reflecting on the PhD journey reminds me of both the challenges and rewards I have experienced throughout this process. I found it challenging in terms of acknowledging how my theorising about Māori alcohol use changed over the course of the research and then adapting to these changes in the development of the second and third studies. However, it was also rewarding, in the sense that I not only gained a broader and deeper level of understanding of alcohol use but it also enabled me to meet a many knowledgeable and wonderful kaumātua and kuia who supported me and this research. Such opportunities may not have presented themselves had I not altered my theorising and therefore my approaches to exploring Māori alcohol use.

I have also learnt important skills and developed in both my capacity as a researcher and an academic writer. For example, I have learnt that plans do not always go as intended; I remember initially setting aside six months for participant recruitment and collection of personal stories and shared perspectives of alcohol use. This process actually took over a year and it required a lot more energy and work than I had anticipated. However, upon reflection, this was a positive experience because it served as a reminder for me to be flexible and to prioritise multiple tasks at one time in order to utilise my time effectively. More importantly, it reminded me that research processes and timeframes are entirely dependent on the support and input from

participants, who do not necessarily work to researcher timeframes, and nor should they be expected to.

I also learnt that no matter how much a researcher may prepare or anticipate for the types of information that may emerge during interviews, you can never be certain, what people may choose to tell. The sheer openness and honesty of some participants when sharing their knowledge and stories of alcohol use was one of the more humbling experiences I had during this research and, importantly, it reminded me of the privileged position I was occupying as a researcher. Indeed, I may not have been be privy to such stories of alcohol use had I not held the position of a researcher. Participants' honesty and my own awareness of my researcher position strengthened my sense of obligation to treat both participants and their stories with the utmost respect.

I also reflect on how I have developed because of the learning opportunities presented throughout the PhD process. As a researcher, I feel I have strengthened my skills in developing research processes and practices that cohere with Māori centred research. I have also developed my approaches to engaging with research participants. Certainly, conducting whakawhanaunga hui developed my abilities to establish open and honest relationships from the outset because I was required to carefully consider how to voice my research aims and objectives in a way that would entice participants to support my research goals. This process is very different to providing research information in a written form, as is often the requirement in mainstream research practices. I also feel that my analytical abilities have developed. I am clearer on how to 'do' narrative analysis and how to write about the processes I employed.

Finally, having written six papers for publication during this PhD, I feel I have also developed my academic writing skills because writing these papers required me to refine how I presented arguments and to make my points more concise, clearer, and more explicit. When I returned to written work I had done in the early stages of my PhD I found myself spending a lot of time revising and re-writing my ideas which signified to me how much my writing had

developed over the course of this research. Somewhat ironically, I still feel uncomfortable writing and sharing my personal reflections about the research, although I acknowledge the necessity of this step in qualitative, and Māori, research approaches.

In summary, this thesis has explored the social context of older Māori alcohol use through a Māori lens, in order to develop a nuanced understanding of Māori alcohol use. By employing three studies, this research has highlighted whānau, whanaungatanga, and diverse experiences of alcohol use that contextualise [older] Māori alcohol use. Together, understanding of these features strengthen what is currently known about Māori alcohol use and can be used to support future research and the development of culturally effective and meaningful alcohol policy and health promotion strategies aimed at improving Māori health and wellbeing in Aotearoa.

Glossary

Aotearoa	*New Zealand*
aroha ki te tangata	*respect for people*
haka	*posture dance*
hapū	*sub-tribe*
hui	*meeting/s, to meet*
iwi	*tribe/s*
kai	*food*
kanohi kitea	*the seen face or face to face contact*
karakia	*incantation or blessing*
kaua e māhaki	*don't flaunt your knowledge*
kaua e takahia te mana o te tangata	*be cautious, don't trample the mana of the people*
kaupapa	*theme or purpose*
kaupapa whānau	*groups with a common purpose*
kaupapa Māori	*Māori perspectives*
kaumātua	*respected elder/s*
kia tūpato	*tread carefully, be careful*
koha	*gift/s*
komiti marae	*Māori council/s, committee/s*
kōrerorero	*discussion/s*
kuia	*elderly woman*
kura kaupapa	*total immersion Māori language primary school*
mana	*prestige, authority, power*
manaaki	*principle of care*
manaaki ki te tangata	*care and reciprocity, or to share and host people*

mana Māori	*Māori autonomy*
Māori	*Indigenous person or people in Aotearoa*
Māoridom	*Māori culture or society*
marae	*traditional meeting place/s of Māori*
matua	*respectful term for a man*
Pākehā	*New Zealander of European descent*
poropeihana	*prohibition*
pūrākau	*Māori narratives*
rākau	*tree*
rangatira	*Māori chiefs or leaders*
rōpū	*group*
rūnanga	*tribal council*
tangata whenua	*people of this land*
tangihanga or tangi	*funeral/s*
Te Ao Māori	*the Māori world*
Te Reo Māori	*Māori language*
te rohe Pōtae	*the King country*
tikanga	*Māori protocols and practices*
tīpuna	*ancestor/s*
tino rangatiratanga	*self-determination*
titiro, whakarongo…kōrero	*looking, listening, and then speaking*
waiata	*songs*
waiata tangi	*laments*
wātene Māori	*Māori wardens*
whaea	*respectful term for an older woman*
whakapapa	*genealogy/ancestry*

whakapapa whānau	*a group of people who share common ancestry*
whakapiki tangata	*empowerment of a person or people*
whakataukī	*proverb/s*
whakatuia	*interconnectedness*
whakawhanaunga	*establishing relationships*
whakawhanaunga hui	*meeting/s to establish relationships*
whānau	*family*
whanaungatanga	*maintaining relationships*
whare	*meeting house of a marae*
whenua tipu	*ancestral land*

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Appendices

Appendix A: List of publications and presentations arising from this thesis

Herbert, S. (2012, November). *Alcohol use and older Māori people: Reason for further investigation?* Paper presented at the Manawatū Doctoral Research Symposium, Palmerston North, New Zealand.

Herbert, S. (2012). Alcohol use and older Māori people: Reason for further investigation? *Refereed proceedings of the Manawatū Doctoral Research Symposium, 2,* 51-58. Retrieved from http://hdl.handle.net/10179/4959

Herbert, S. (2013, December). *Using friendship groups to conduct Māori centred research: A practical approach.* Paper presented at the annual Health Psychology Research Day, Auckland, New Zealand.

Herbert, S. (2014, November). *Older Māori and their alcohol use in Aotearoa*. Paper presented at the Māori Association of Social Science Conference, Palmerston North, New Zealand.

Herbert, S. (2014, December). *Alcohol use and older Māori people.* Paper presented at the annual Health Psychology Research Day, Wellington, New Zealand.

Herbert, S. (2015, July). *Older Māori and alcohol use in Aotearoa*. Paper presented at the 9th Biennial Conference for the International Society of Critical Health Psychology, Grahamstown, South Africa.

Herbert, S. (2015, December). *Knowledge sharing within kaupapa whānau groups.* Paper presented at the annual Health Psychology Research Day, Auckland, New Zealand.

Herbert, S., & Stephens, C. (2015). Alcohol use and older Māori in Aotearoa. *Journal of Ethnicity in Substance Abuse, 14* (3), 251-269. doi:10.1080/15332640.2014.993786

Herbert, S. (2016, November). *Alcohol use and everyday lives: Older Māori people's stories of alcohol use.* Paper presented at the Dangerous Consumptions Colloquium, Wellington, New Zealand.

Herbert, S. (2016, November). *Alcohol use and everyday lives: Older Māori people's stories of alcohol use.* Paper presented at the 7th Biennial International Indigenous Research Conference, Ngā Pae o Te Maramatanga, Auckland, New Zealand.

Herbert, S., Forster, M., McCreanor, T., & Stephens, C. (2017). The social context of alcohol use among Māori in Aotearoa/New Zealand: Reflections of life experiences of alcohol use by older Māori. *International Journal of Indigenous Health, 12*(1), 57-74. doi:http://dx.doi.org/10.18357/ijih121201716904

Herbert, S., Stephens, C.V., & Forster, M. (2017). Socially based trajectories of alcohol use among indigenous Māori in Aotearoa/New Zealand. *Critical Public Health.* doi:10.1080/09581596.2017.1378424

Herbert, S., Stephens, C.V., & Forster, M. (2017). *It's all about whanaungatanga: Alcohol use and older Māori in Aotearoa.* Manuscript submitted for publication.

Herbert, S., Stephens, C.V., & Forster, M. (in press). Older Māori understandings of alcohol use in Aotearoa/New Zealand. *International Journal of Drug Policy*.

Appendix B: Individual information sheet

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TE KURA PŪKENGA TANGATA

Alcohol Use and Older Māori

INFORMATION SHEET

Tēnā koe and thank you for taking the time to read about my research project. My name is Sarah Herbert and I am a Doctoral student in the School of Psychology (Health Psychology) at Massey University. I am conducting Māori centered research investigating the social context of alcohol use among older Māori people in Aotearoa because I am interested in how older Māori people understand, and use, alcohol within their everyday lives.

You have been contacted because you have previously participated in the New Zealand Longitudinal Study of Ageing (NZLSA, Massey University) and volunteered to be invited for further interviews. I am a member of the research team and thought you might be interested in participating in a project gathering personal stories and experiences of alcohol use among older Māori. I am looking for 12 older Māori people in the lower North Island region to participate in an interview with me.

If you are interested in participating in the research and fulfill the following criteria:

a) identify as Māori
b) are 60 years or over
c) live in the lower North Island

Then you will have the option of meeting with me to discuss the research further. Should you wish to participate, we will then arrange an interview at a mutually convenient time and place e.g. your home or an office at Massey University. You may have a whānau member and/or support person with you at all times. It is expected that this will take about 2 hours of your time. You will receive a koha in recognition of your time and participation.

The interview will be audio-recorded. You will be asked to speak about your experiences of alcohol use, to discuss the role that alcohol may play in your life and why this may be the case, whether you think your alcohol use has changed as you have gotten older and if so how. You will have the option to receive a written record of what you said at the interview that you will be able to check before the information is used for the research. Your identity will remain confidential in any material published. The information you provide will be analyzed along with other's information and key findings will be identified for use in my thesis, possible publication and conference presentations. You will have the option of receiving a written summary of findings upon completion of the research.

You do not have to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question during the interview;
- withdraw from the study before the data collection begins;
- ask any questions about the study at any time;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- ask for the recorder to be turned off at any time during the interview.

If you would like to participate in this research please contact me by:
email: S.Herbert@massey.ac.nz,
free phone: 0800-100-134
or my office phone: 06-3569099 ext. 85074
Please provide your preferred contact details and I will contact you directly to explain the research and what would be required of participants. If you do decide to participate, we can arrange a time to meet.

Te Kunenga ki Pūrehuroa
School of Psychology - Te Kura Hinengaro Tāngata
Private Bag 11222, Palmerston North 4442, New Zealand T +64 6 356 9099 extn 85071 F +64 6 355 7966 http://psychology.massey.ac.nz

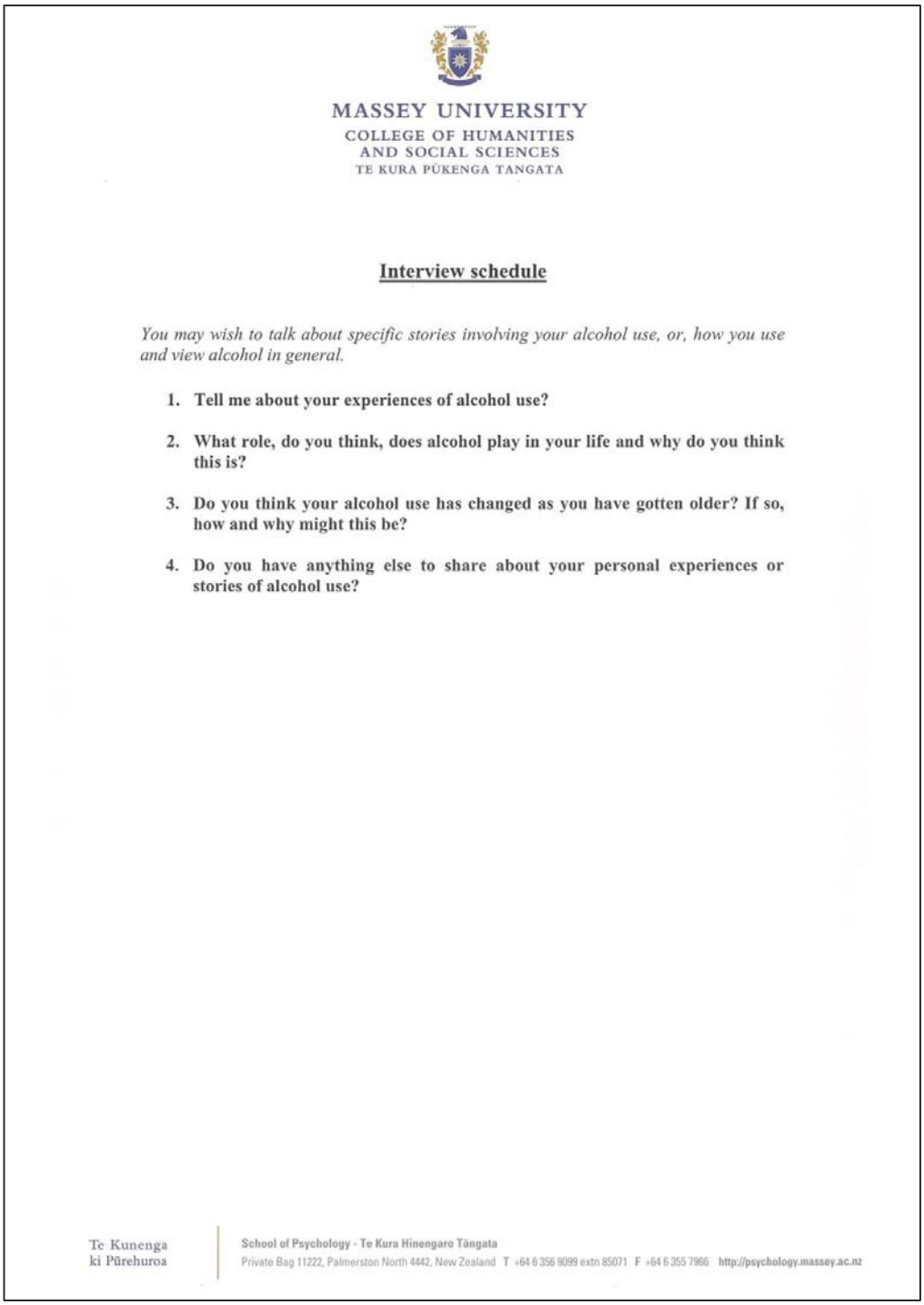
The information you provide will be stored securely by the researcher and will not be made available to anyone else other than the supervision team:
Primary Supervisor Prof. Christine Stephens C.V.Stephens@massey.ac.nz 06-3569099 ext. 85059
Co-supervisor Assoc Prof. Tim McCreanor T.N.McCreanor@massey.ac.nz 09 366 6136 ext. 41368
Cultural Supervisor Dr. Margaret Forster M.E.Forster@massey.ac.nz 06-3569099 ext. 84359
You will be offered a copy of your audio recordings. After 10 years all confidential information will be destroyed.

This study is about every day use of alcohol. However, we know that alcohol use can be problematic. If you are concerned about your alcohol use or would like to access Alcohol use support services here are two free, national support services available to you:
Alcoholics Annonymous New Zealand: Ph. 0800 229 6757 or visit http://aa.org.nz/home
Alcohol Drug Helpline: Ph 0800 787 797 or visit www.alcoholdrughelp.org.nz
Should you wish to receive further information on Alcohol support services in your area then please discuss this with me and I can provide further information.

Mauri Ora,
Sarah Herbert

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/48. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz.

Appendix C: Individual interview schedule



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Interview schedule

You may wish to talk about specific stories involving your alcohol use, or, how you use and view alcohol in general.

1. **Tell me about your experiences of alcohol use?**
2. **What role, do you think, does alcohol play in your life and why do you think this is?**
3. **Do you think your alcohol use has changed as you have gotten older? If so, how and why might this be?**
4. **Do you have anything else to share about your personal experiences or stories of alcohol use?**

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Appendix D: Individual consent form

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Alcohol Use and Older Māori

INDIVIDUAL INTERVIEW PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to the interview being sound recorded but that I have the right to ask for the recorder to be turned off at any point during the interview stage.

I wish/do not wish to have a copy of my individual transcription returned to me, prior to analysis, for me to check over.

I agree to participate in this study under the conditions set out in the Information Sheet.

I wish/do not wish to receive a written summary of findings upon completion of the research.

Signature: _____ **Date:** _____

Full Name - printed _____

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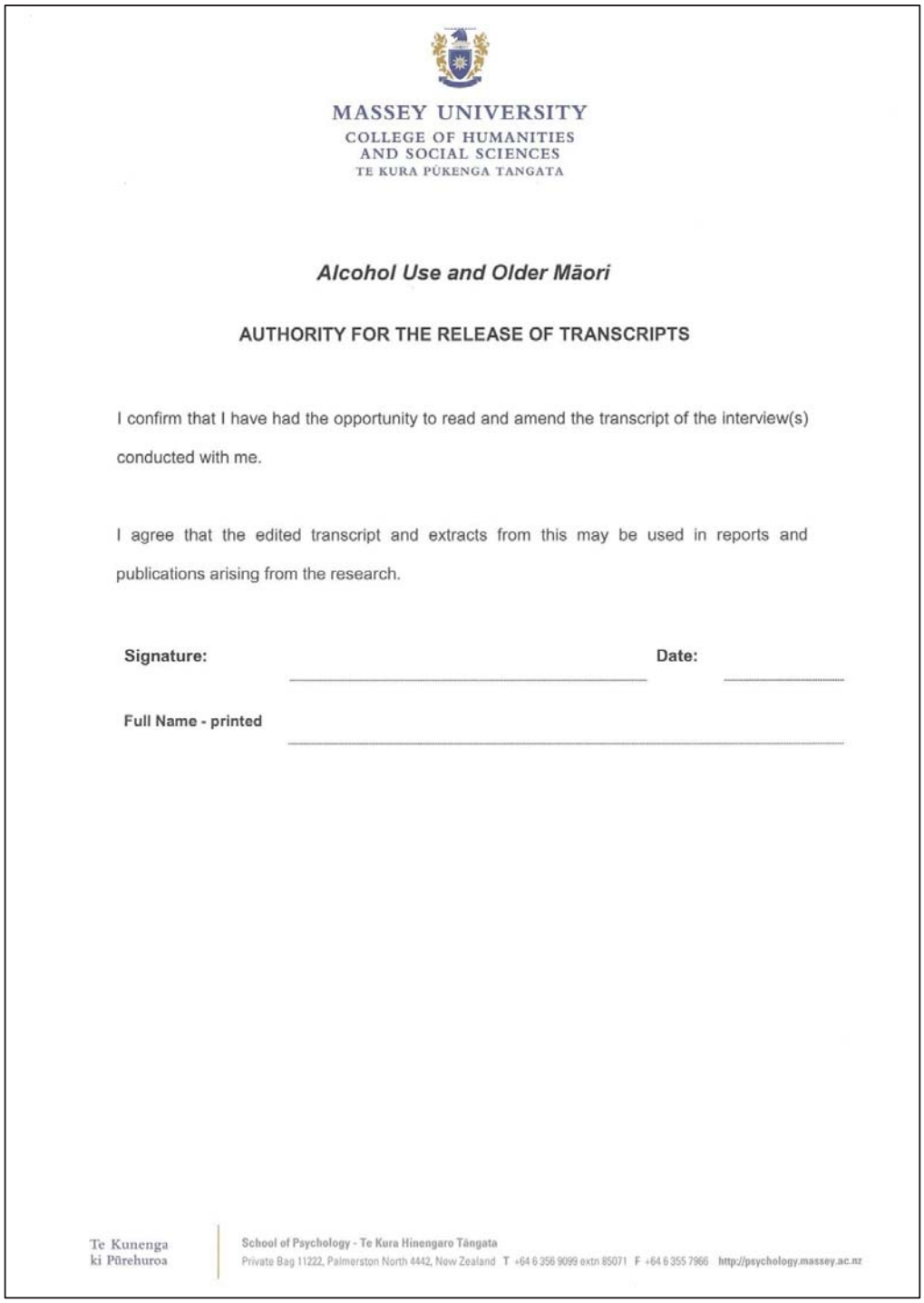
Appendix E: Authority of the release of transcripts



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Alcohol Use and Older Māori

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: _____ **Date:** _____

Full Name - printed _____

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ki Pūrehuroa

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Appendix F: Primary contact information sheet

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Alcohol Use and Older Māori

INFORMATION SHEET FOR PRIMARY CONTACT PERSON

Tēnā koe and thank you for taking the time to read about my research project. My name is Sarah Herbert and I am a Doctoral student in the School of Psychology (Health Psychology) at Massey University in Palmerston North. I am conducting Māori centered research investigating the social context of alcohol use among older Māori people in Aotearoa because I am interested in how older Māori people understand, and use, alcohol within their everyday lives.

I am looking for small friendship groups of at least 2-3 friends and/or whānau members, to participate in a discussion about alcohol use among older Māori. Each group needs to be made up of people who are Māori and are over 60 years of age. I invite you to assist me to recruit possible participants who have existing relationships with each other. If you can assist me to get a group together, I would like to organize an initial information hui for potential friendship groups to attend. During this initial hui the potential participants will have the opportunity to ask any questions regarding the research. Then, if the friendship group consents, a second hui will be arranged in order for the friendship group discussion to be conducted. The entire exercise should take no longer than 3 hours.

If you are interested in assisting me, and believe you have 2-3 friends or whānau members who may be interested in participating, then please contact me on email: S.Herbert@massey.ac.nz, mobile: 0800-100-134, phone: 09 401 6067 for more information. I can explain the research and what would be required of all participants further and we can discuss how your friends/whānau will be contacted regarding the research. All participants will receive a koha in recognition of their time and participation.

Mauri ora,
Sarah Herbert

Primary Supervisor Prof. Christine Stephens C.V.Stephens@massey.ac.nz 06-3569099 ext. 2081
Co-supervisors Assoc Prof. Tim McCreanor T.N.McCreanor@massey.ac.nz 09 366 6136 ext. 41368
Dr. Margaret Forster M.E.Forster@massey.ac.nz 06-3569099 ext. 7091

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/48. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz.

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Appendix G: Friendship group (kaupapa whānau) information sheet

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Alcohol Use and Older Māori

FRIENDSHIP GROUP INFORMATION SHEET

Tena Koe,

You are receiving this information sheet because _____has recommended you to me as a potential participant for my research.

My name is Sarah Herbert and I am a Doctoral student in the School of Psychology (Health Psychology) at Massey University. I am conducting Māori centered research investigating the social context of alcohol use among older Māori people in Aotearoa. I am interested in how older Māori people understand and use alcohol within their everyday lives.

If you are over 60 years old and you identify as Māori then you are eligible to participate in this research. I invite you and other interested friends to meet with me to discuss the research further. If your group wishes to participate in the research, we can then arrange a time and place to conduct the group discussion. The entire exercise should take no longer than 3 hours. You will receive a $30 supermarket voucher as koha for your time along with a $20 petrol voucher to cover any travel expenses incurred.

Our conversations at the group discussion hui will be digitally recorded and I will be asking about your views of alcohol use among older Māori. For example, how people use alcohol in ordinary life, and whether you believe there are any concerns and/or positive aspects to alcohol use.

Your group will receive a summary of findings upon completion of the research. Members of your group will be asked to choose a pseudonym for use in the research so that identities will remain confidential in any reports. You will not be anonymous to other group members as they will be participating in the hui with you. The information you provide will be analyzed along with other's information and key findings will be identified for reporting in my thesis, publications and conference presentations.

The information you provide will be stored securely by the researcher and will not be made available to anyone else other than the supervision team. At the completion of my research all personal information about your group (your name and contact details) will be destroyed and after 10 years all other information will be destroyed.

You do not have to accept this invitation. If you decide to participate, you have the right to:

- withdraw from the study before the data collection begins;
- ask any questions about the study at any time;
- ask for the recorder to be turned off at any time during the group discussion.
- remain silent at any given time during the group discussion;
- have your anonymity preserved in study outputs

This study is about everyday use of alcohol. However, we know that alcohol use can be problematic. If you are concerned about your alcohol use or someone you may know and you would like to access alcohol use support services here are two free, national support services available to you:
Alcoholics Anonymous New Zealand: Ph 0800 229 6757 or visit http://aa.org.nz/home
Alcohol Drug Helpline: Ph 0800 787 797 or visit www.alcoholdrughelp.org.nz

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Should you wish to receive further information on Alcohol support services in your area then please discuss this with me and I would be happy to provide further information

Mauri ora,
Sarah Herbert

Primary Supervisor Prof. Christine Stephens C.V.Stephens@massey.ac.nz 06-3569099 ext. 2081
Co-supervisors Assoc Prof. Tim McCreanor T.N.McCreanor@massey.ac.nz 09 366 6136 ext. 41368
Dr. Margaret Forster M.E.Forster@massey.ac.nz 06-3569099 ext. 7091

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/48. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz.

Appendix H: Friendship group (kaupapa whānau) schedule

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Friendship Group schedule

The following questions are provided to help initiate any discussion. They should be viewed as a guideline only and can be expanded on, or ignored, as seen appropriate by each friendship group.

1. **Tell me about how you understand alcohol use among older Māori people in everyday society.**
2. **Do you believe there are any issues or concerns about alcohol use specifically among older Māori?**
3. **Do you believe there are any positive aspects to alcohol use among older Māori?**
4. **What are your thoughts on current perceptions of alcohol use among older Māori in Aotearoa?**

Te Kunenga ki Pūrehuroa

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Appendix I: Friendship group (kaupapa whānau) consent form

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Alcohol Use and Older Māori

FRIENDSHIP GROUP PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree not to disclose anything discussed in the friendship group discussion.

I agree to the friendship group discussion being sound recorded but that I have the right to ask for the recorder to be turned off at any point during the hui.

I agree to participate in this study under the conditions set out in the Information Sheet.

I wish/do not wish to receive a summary of findings upon completion of the research.

If yes

- In a face to face follow up with my friendship group and/or
- In written form mailed to me

Signature: _____ **Date:** _____

Full Name - printed _____

Te Kunenga ki Pūrehuroa

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